Proposal for Changes to Health Service Provision in South Taranaki: An analysis of the community consultation feedback

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19 August 2011

Disclaimer

This report was prepared by Velma McClellan, Research & Evaluation Services Consultant and Judy Paulin, Social Research & Evaluation Consultant.

The views of the authors do not necessarily represent the views or the policies of the client - Planning Funding &Population Health, Taranaki District Health Board (TDHB). While every effort has been made to ensure accuracy in this report the authors give no indemnity as to the correctness of the information or the data supplied. The authors were not involved in the development of the consultation survey questionnaire and the analysis and report writing were prepared under tight time constraints.

Acknowledgements

We would like to thank the following people for their assistance and contributions during the course of this research namely: the Planning Funding & Population Health's consultation project manager, Jackie Broughton and her right-hand assistant Rebekah Barr, who entered the large amount of data this project generated and sent it on to the research team for analysis and report writing. The three week turn around time for the data entry, analysis and report writing phase stretched us all including Mark Venables of the TDHB's Communications who established the survey databases and produced the tabulations to meet the research team's data analyses needs. Thank you Mark without you we would have been hard pressed to get the report in on time.

We also thank Maree Young, Researcher/Evaluator, Public Health, Taranaki District Health Board who conducted the analyses and writing up of the letters and formal clinical submissions, a task that was were also achieved in a very short turnaround period.

Contents

1. Executive summary

This report presents the results and key themes that emerged from an online and printed public consultation survey and nine public and seven community meetings that were organised by the Taranaki Health Board's (TDHB), Planning Funding & Population Health, Project Team. Key themes from other sources of community-generated written public feedback, received by the Project Team, were also analysed and included in this report. All items of public feedback data were collected, acknowledged, and categorised by the Project Team, as part of the TDHB's *South Taranaki: Alive with opportunities for better health care* consultation programme. The draft consultation document outlined proposed changes to the way health services are currently delivered to the people of South Taranaki with the view to improving the community's access to efficient and effective health services, within existing resource constraints.

Data collection and research methods

The survey questionnaire was developed, distributed and collected by the PF&PH Project Team. Both the survey and the public meetings were conducted between 4 July and 4 August 2011. All survey data entry (apart from the 71 online surveys responses) and writing up of the consultation meeting reports were carried out by TDHB staff. The public and community meetings' results were also prepared and written up by the Project Team. The results of both survey and meeting reports were subsequently emailed to the research team for content analysis and report writing. These were analysed between 22 July and 17 August 2011. There were 374 responses to the consultation survey of these 281 were 'hard copy' responses, while the remaining 93 were completed online.

SPSS v18 was used to analyse the community-generated letters, and news clipping messages. This analysis was carried out by the TDHB's Public Health researcher/evaluator as was the analyses and report writing of the 20 formal clinical submissions were also analysed by the researcher evaluator. The results were subsequently sent to the external research team for inclusion in this report and are located in Sections 6 and 7 of this report.

Key findings

The results presented here cover the main service topic areas outlined in the consultation document and its survey questionnaire. A brief outline of the level of respondent support and key themes that emerged from the survey questions relating to each of the service component topic areas are summarised along with some key themes emerging from the public and community meetings, letters, newspaper clippings' messages and the formal clinical submissions.

Preventative care

The majority of survey respondents supported placing more emphasis on preventative care. However, many qualified their agreement with proviso namely: but not at the expense of downgrading services at Hawera Hospital, or primary health care services or further, or 'overloading' local GPs' already heavy workload, which many held included preventative healthcare work. Many respondents misinterpreted the meaning of the term preventative health care, perceiving it more in terms of people having ready access to GPs to treat existing ill health problems thus preventing the presenting condition from worsening, rather than preventing them from ever happening in the first place.

The submission from Ngati Ruanui supported a wellness focus.

Use of electronic devices in general practice settings

Two of the survey questions proposed the use of electronic devices email, and cell phone texts as potential contact options for contacting and consulting with their GPs and family health team generally. The concept, in both the contact and consultation instances, was roundly opposed. All were seen as no substitute for face-to-face appointments with the GP, with many seeing these as 'ridiculous' ideas. Primary concerns included: questions around the security of the devices (loss, theft, hacking); patient safety (risk of misdiagnosis, complexity of health issues); and access barriers due to poor cell phone coverage in some of the districts more remote rural area; the cost and affordability of these devices for low income people; low usage among demographic groups such as the older population. Some saw value in the use of the devices, namely for minor health conditions, getting repeat prescriptions, accessing results of diagnostic tests and for earlier consultation follow-up questions. Some considered an appropriately trained practice nurse would be an appropriate first point of contact to triage these calls prior to seeking the advice of GPs.

Most of the formal submissions (including the one from Ngati Ruanui) and some letter writers strongly opposed the use of email or cell phone texts as a substitute for face-to-face consultation with their GPs. Their concerns in this regard largely echoed those of the survey respondents.

General practice access issues

Lengthy waiting times to secure appointments with GPs, especially the family doctor was an over-riding concern of a great many respondents, in particular Hawera residents and those from rural areas, such as Manaia, where there is no local GP. Many survey respondents disputed the reality of usage of the term 'family doctor' arguing there was no such thing these days. Again this was a major concern among Hawera residents, with the finger being largely pointed at Hawera's SouthCare Health Centre, where many respondents reported 'waiting up to three to four weeks' to see their preferred GP. Many identified issues associated with not being able to access their preferred doctor on consecutive visits.

Some letter writers concurred with survey respondents about the lengthy waiting times to secure appointments with GPs, with some mentioning waiting times of between three to four weeks to see their preferred GP.

The perceived GP shortage in South Taranaki was seen to underpin the access issues of lack of timely GP appointments and the demise of the traditional family doctor, or doctor of one's choice. Many survey respondents argued that addressing the South's GP shortage problem should be the primary focus for the TDHB's attention, rather than focusing on downgrading Hawera Hospital's services. Locums and overseas six month holiday GPs were not seen as suitable answers to the problem.

Access to GP services was a common concern too among participants at the public and community meetings. They concurred with survey respondents that addressing the South's GP shortage was a more pressing concern than other aspects of the change proposal.
Two of three submissions from primary health care/community health trusts acknowledged the issue of GP shortage in South Taranaki and the need to address the recruitment and retention of medical staff.

Increased access to mobile nursing and allied health professionals workforce

The majority of survey respondents supported this proposed service option. A mobile nursing service was the service most favoured, followed by a mobile clinical pharmacist and physiotherapy service. Groups identified as most likely to benefit from and use the service were older people and

the 'housebound'. Mobile nurses were seen as the likely candidates to address the lack of a blood tests service in areas such as Patea and other rural areas. Several of those who supported the service option and nearly all of those who opposed questioned where the trained nurses and clinical pharmacists would come from and the costs of providing such a service, given current resource constraints. Those who rejected the service also suggested 'fixing' the GP shortage problems was the 'paramount concern'.

The one submission from allied health professionals supported an Integrated Family Health Centre so long as allied health staff and management remained in a district-wide 'hub' employed by secondary services. They did not support a move to a private contracted service model.

Increased diagnostic testing availability

The vast majority of survey respondents supported this proposed service option and the proposal to enable GPs to make direct referrals for CT and MRI scans. Respondents welcomed the thought this would help reduce the usual 'extremely' long waiting times for these scans by circumventing the current requirement for specialists to make scan-related referrals. The proposal was also seen as reducing the risk of patients' conditions worsening while waiting to see the specialists, followed by frequent long waits to have the actual scan. Both the minority group who opposed this service option and supporters who qualified their agreement were concerned about the risk of over-referral and whether GPs currently had the required skill set to assess the need for referral.

There was also a high level of support for the proposal among survey respondents and letter writers to provide urgent ultra sounds, echocardiograms and other practicably administered diagnostic testing. Benefits identified included reduced travel-related costs and travel time, hospital waiting times, and the inconvenience that travelling to Base Hospital incurs for people from the South. Those who opposed the service option did so on the grounds that it was likely to result in over-referrals with a consequential rise in costs. There was also the argument that these services should not be provided if they were at the expense of downgrading Hawera Hospital.

Increased access to after-hours emergency medicine services

This proposed service option also received a high level of support among survey respondents given the current gap in this after-hours service, other than at Hawera's Hospital's ED service. The main benefits envisaged were that it would reduce travel costs for people who need to currently travel either to New Plymouth or Whānganui to access emergency medicines, provide better access to frequently required medicines such as asthma inhalers, pain relief and antibiotics, and lessen the need to downgrade Hawera Hospital. However, those who opposed the concept considered the service impracticable because of the proposal to have the ED off-site and on call. Nurses are not qualified to dispense medicines. Questions raised were where the staff qualified to do the job would come from and how would staff be kept safe, given that the move could encourage the criminal element to haunt the hospital. It was suggested funding local pharmacies to open for limited after-hours was the way the TDHB should go.

Submissions from two community health trusts and the New Zealand Nurses' Association were opposed to the provision of an after-hours pharmacy at Hawera Hospital ED on the basis that it could pose security risks for staff.

Proposed care management service

Three-quarters of survey respondents supported the care manager service option. Perceived benefits included better coordination and more holistic health care for patients with complex health needs, especially those living in remote rural areas. Some supporters of the service

concept, as well as those who opposed it questioned where the qualified staff would come from to 'man' the service. The belief being that this was a GP's not a care manager's role, that care management was just another layer of bureaucratic middle management, and that the costs of providing the service would be better used to upgrade services at Hawera Hospital were the most frequent reasons given for rejecting the service option.

Proposed kaiāwhina service

This service option was strongly opposed by the majority of survey respondents. The main reasons given for opposing this type of patient support service included: support and advocacy is the role of family and friends, unfamiliarity of the term kaiawhina, and the idea that it is a 'race-based' service and not available to non-Māori patients. However, the minority group of supporters were aware the service is 'not-race' based, and is available to anyone 'based on need' and who has access to those who provide the service.

The two submissions from the health promotion/community workers suggested extending the number of kaiawhina in the region.

Referral to hospital and other hospital specialist appointment-related issues

Maintaining and increasing the beds available at Hawera Hospital was high on the priority list of those who responded to this issues-related question. Many survey respondents expressed concern about the inconsiderate referral-related, specialist, booking times given to South Taranaki people. People were critical of the 'very early' pre-admission appointment times scheduled for patients who are obliged to travel long distances to get to Base Hospital, including dairy farmers with milking commitments. Some questioned why the various pre-admission times could not all be scheduled on the same day, rather than two, as this greatly increases the already considerable travel-related costs. Others travelling by the free hospital shuttle bus also asked that more consideration be given to the timing of pre-hospital admission appointments to ensure they can both arrive and depart in time to catch the bus.

Many survey respondents suggested a need for some form of acknowledgement of the receipt of GP referrals to Base Hospital specialists, and progress reports as to what stage the referral was at would go some way towards alleviating and tempering patients' concerns, in what is too often a lengthy process.

Transport to hospital

The majority view of surveyed bus users was that the current service was not convenient. This was primarily because the bus timetable did not fit around the scheduling of appointments at the base hospital.

Barriers to use mentioned by non-bus users surveyed included its limited timetable, patients being too physically disabled, the limited bus route, the difficulty of managing children around the bus timetable, and the lack of a door to door pick up service.

While some survey respondents thought they or some others (such as older patients) would be more likely to use the bus if it provided a more frequent service, others thought that a more frequent service alone would not be enough to make them use the bus.

Other non-bus transport issues respondents identified included the large distances to and from the Base Hospital for patients and visitors, too low a level of ambulance cover, difficulties getting

back home from Base Hospital after being discharged at odd hours, and the costs of travel to New Plymouth and back.

Letter writers and participants of the public and community meetings raised similar issues regarding transport to Taranaki Base Hospital.

Two submissions from health promotion/community workers supported having more public transport options available to patients to get to Hawera and Base Hospital. Submissions from medical clinicians supported specialist clinics being held at Hawera Hospital wherever possible.

Admission to hospital

The majority of survey respondents' comments were in favour of the provision of intermediate care at Hawera Hospital and strongly against such care being provided at a rest home. Submissions from the New Zealand Nurses' Organisation and Ngati Ruanui were also opposed to intermediate care patients being cared for at a rest home.

The three most common reasons against rest home bed use mentioned by survey respondents were that a rest home was not a suitable setting for a young person's recovery, Hawera Hospital was the best place for rehabilitation, and rest home staff did not have the skills or time to look after acutely unwell patients.

The majority of survey respondents, letter writers, and participants at the public and community meetings were also in favour of the provision of palliative care at Hawera Hospital and strongly against such care being provided at a rest home. Submissions from Ngati Ruanui and the New Zealand Nurses' Organisation also held this position. The reasons survey respondents gave were very similar to those given for not supporting intermediate care being provided at a rest home.

Other concerns raised by survey respondents, letter writers, participants at the public and community meetings, and some submitters (for example, Ngati Ruanui) relating to this heading wanted current number of beds and service levels at Hawera Hospital maintained and that patients need to be admitted to a hospital close to their family, friends and whānau.

The majority of submissions from medical clinicians supported all surgical, medical and elderly patients being admitted directly to Base Hospital. They acknowledged that Hawera Hospital still had a role in the initial assessment and stabilisation of non-surgical patients.

Maternity care

Almost all survey respondents supported the retention of a 24 hour maternity service at Hawera Hospital and of a visiting hospital specialist obstetric service. The submission from Ngati Ruanui was also supportive. The general tenor of the comments of survey respondents was that retaining the current level of maternity service was a *'no brainer!!*

Other issues raised under this heading were that maternity services at Hawera Hospital needed to be maintained with at least the current number of beds, new mothers and their babies needed adequate hospital stays, and more trained staff were needed within the region.

Emergency care

Almost all survey respondents and letter writers supported the retention of a 24 hour hospital emergency department (ED) in Hawera. One submission from a community health trust and another from a GP were also supportive of the current arrangement, as were Ngati Ruanui. The

reasons given by some supporters included the presence of large industries and farming that were at the heart of the region's economy.

A large group of survey respondents and letter writers objected to the proposed change to overnight medical cover being provided by an on-call doctor located off site. So too, did participants at the public and community meetings, with this proposed change generating at least one question from the floor at all except one of these meetings. All four submissions from nurses or the New Zealand Nurses' Organisation were also opposed to the proposed change. Some survey respondents considered the change would result in delays in response times and unnecessary deaths. Some wanted more detail of this aspect of the proposal, including what the TDHB deemed an acceptable distance from the on-call doctor's off-site location to Hawera Hospital.

Three of seven submissions from medical clinicians supported the proposal to retain the ED, but to have a doctor on call supported by the introduction of a senior ED nurse specialist. While survey respondents' comments favoured focusing ED on delivery of emergency care, they were more accommodating of the notion of people using ED for non-emergencies, given the shortage of GPs. A commonly held view was that focusing the ED on delivery of emergency care could not be achieved until South Taranaki people's access to primary care services had been improved.

Almost all survey respondents supported the delivery of an after-hours service at Hawera Hospital for patients who would otherwise have to travel to New Plymouth or Whānganui. The reasons supporters gave were similar to those they identified under other non-bus transport issues.

Support for and opposition to aspects of the proposals

Six aspects of the proposal that survey supporters were most likely to endorse (in decreasing order of frequency) were:

- maintaining or improving current service levels at Hawera Hospital
- increasing the focus on preventive care and/or expanding community services
- enhancing GPs' ability to refer patients directly for a greater number of diagnostic tests
- retaining emergency care services
- retaining maternity services
- any proposals that supported improving access to primary health care services.

The two aspects that came in for the most opposition in about equal measure were:

- proposed reductions in the number of inpatient beds at Hawera Hospital and
- proposed changes to overnight medical coverage in ED.

Opposition to the use of rest homes for palliative care ranked third.

Other comments

Three common themes raised by survey respondents wishing to make a final comment related to a perception of inequity of access to health care relative to people living elsewhere within the TDHB boundaries, a perception that South Taranaki people were being unfairly targeted to make savings for the TDHB, and a perception that the estimated savings were likely to be small relative to the total TDHB budget or costs of new building work. The latter two themes were also raised by some letter writers.

At every public meeting at least one participant asked a question about why or how savings would be made as a whole. They wanted to know why the savings could not be made in other areas such as administration, management or new building at Base Hospital.

Participants at some of the public and community meetings were keen to learn when the Board's decision would be made public and the timeframe for implementation of the final proposal.

2. Introduction

The Taranaki District Health Board (TDHB) has proposed changes to the way health services are currently delivered in South Taranaki, with a view to improving the community's access to efficient and effective health services, within existing resource constraints.

Since 1 February a Project Team from the TDHB's Planning Funding &Population Health (PF&PH)group has led a review of all current health services in South Taranaki, prepared and widely distributed a review-based consultation document and survey questionnaire through a variety of distribution channels, including a series of nine public consultation and seven community meetings. This report presents the results of the public consultation survey and the key themes that emerged from the survey and the public consultation and community meetings. The bulk of the report was prepared by two independent research and evaluation consultants, New-Plymouth-based Velma McClellan and Wellington-based Judy Paulin. The TDHB's researcher/ evaluator undertook the analyses and report writing for Sections 6 and 7 of the report. These were subsequently reviewed by the research team and then inserted into the main report.

Background

The service model proposed by the PF&PH Project Team is based on a review of the South Taranaki region's health services, which in its first phase was informed by:

1. A series of three clinical forums in which a range of clinicians, GPs, health service providers identified service related areas requiring future work (8 December 2010, 7 February and 10 March 2011
2. A February 2011 reportbased on the findings of 'an engagement process' with the South Taranaki . The report was commissioned by the TDHB'sPF&PH group and undertaken by the New Plymouth based Bishop's Action Foundation
3. A 'rapid health profile' report prepared by the PF&PHgroup (April 2011)
4. The outcomes from an April 2011 three-day workshop led by the PF&PH group,with the support of Gemba Research. This workshop's participants included local clinicians, general practitioners (GPs) and health service managers, including those from South Taranaki's iwi services
5. Two meetings with South Taranaki general practitioners (GPs) (17 May and 31 May 2011).

   All the reports referred to above can be accessed on the TDHB's website – http://www.tdhb.org.nz/misc/projects/southtaranaki/meeting_info

The draft consultation document

Following the above review, the TDHB's General Manager of PF&PH, Sandra Boardman subsequently prepared a draft consultation document entitled *South Taranaki Alive with Opportunities for Better Health Care Proposal*. On completion the draft was then presented to the South Taranaki Steering Group on 28 June 2011. At this meeting the Project Team were given the mandate to continue with the process to seek community feedback from the people of South Taranaki. The document was officially released to the public for consultation on the 4 July 2011.

The document outlined a proposed service model based on the above workshop's outcomes and the evidence-based document entitled *Trends in Service Design and New Models of Care: A review*

(National Health Board, 2010). The draft consultation document outlined the main features of each of the 10 service component topics of a proposed service model, in terms of:

- a brief description of current services
- proposed changesto those services
- a series of questions and spaces provided for respondents to provide additional comments should they so wish.

The consultation document included a total of 35 questions.

The consultation process

The consultation document was subsequently distributed to interested parties and to those who attended either one or both of:

- a series of nine public meetings held in Waverley, Opunake, Manaia, Kaponga, Eltham, Hawera (2), Patea, and one hui-a-iwi
- 9 smaller community meetings, e.g. with, Hospice staff, Youth Supporters' Network, and South and Central Social Services.

Prior to conducting the public meetings, the PF&PH's Project Team approached several 'community-trusted people' to determine their willingness to host one or more of the nine public meetings. This task involved choosing suitable venues, meeting dates and times, as well as alerting community people to the forthcoming meetings through their various networks.

Community people who attended the nine public meetings were informed how they might go about giving their feedback, over and above that provided verbally at the meeting they were attending that day. Advertisements were also placed in the main regional and local newspapers, namely *The Taranaki Daily News* and *the South Taranaki Star.* The advertisement informed readers about the location of the various public meetings, the different channels through which they could provide their feedback, and how to obtain a copy of the consultation questionnaire. Those distribution channels included: the TDHB's website: www.tdhb.org.nz; their local libraries, the community hosts, and directly from the TDHB's Project Team, who were contactable by phone or email.

People who completed the printed copy of the questionnaire could return it either by post or in the boxes placed at local libraries. The survey's closing date was 4 August 2011.

Other community generated sources of community feedback

The South Taranaki community, spurred by a group of local advocates, organised three other alternative channels through which local people could provide feedback. Those channels included:

A public petition

The *Petition to Save Hawera Hospital* was started by Cynthia Stone, a Hawera resident and retired nurse, at the end of May/early June 2011.

When it was reported in *The Taranaki Daily News* on 11 June 2011 the petition had already received 1000 signatures. The petition's introductory statement read:

> *We the undersigned residents of South Taranaki support the Retention and Provision of the Current Services at Hawera Hospital which are Essential for our Community'.*

The petition was subsequently presented to the TDHB chairperson at the 1pm public meeting in Hawera on 18 July 2011, it included 7,894 signatures.

The Facebook page

This went live on the Internet on 1 July 2011. It was set up by Kelly Judkins, a Hawera resident and South Taranaki District Councillor.

This page was entitled *South Taranaki Needs Hawera Hospital*. It went on to ask questions, one of which was similar to those in the draft *South Taranaki Alive with Opportunities for Better Healthcare* proposal. The page also highlighted the link to the TDHB's website and informed people where they could get a copy of the proposal. A print out of this page was presented to the TDHB General Manager, PF&PH at public meeting held in Hawera 18 July 2011.

Since its launch on 1 July 2011, a total of 887people indicated their appreciation and liking of this Facebook page.

The newspaper clipping statements

The newspaper clippings advertisement was paid for by Kirsty Bourke, a Hawera resident and South Taranaki District Councillor. These were placed in the *South Taranaki Star* newspaper on 21 July 2011. The leading statement read:

> *I believe the retention and provision of the current services at the Hawera Hospital is essential for the wellbeing of our community. We must retain: An Emergency Department open and staffed 24 hours per day 7 days a week with a doctor in residence 24/7.An Inpatient ward with the current number of beds based at Hawera hospital along with the acceptable number of qualified nursing and medical staff for a ward that size.*

The advert also provided space for extra comments. Overall, 414clippings with additional brief comments were collected and collated by the Project Team, which were subsequently analysed and written by the TDHB's Public Health researcher/ evaluator.

Formal letters/ submissions

In addition to the community-generated data sources outlined above, 135 formal letters were sent into the PF&PH Project Team. The letters included 20 more detailed submissions sent in by various clinicians, senior nurses, allied health professionals, and other health-related organisations. The key themes that emanated from the letters and formal submissions are presented in Sections6 and 7 respectively of this report:

This report and its structure

Following this introductory section subsequent sections are presented in the following order:

- Section 3 outlines the research methods used to collect, enter and analyse the data
- Section 4 presents the main findings of the consultation documents' survey questionnaire
- Section 5 presents the key themes that emerged from the public consultation and community meetings
- Section 6 presents the key issues that were covered in the letters/newspaper clipping messages
- Section 7 outlines the key themes and issues that emerged in the formal submissions sent in by clinicians and health professional groups

- Section 7 lists the references that helped inform this report
- Appendix 1 presents the survey questions and tables.

3. Research methods

Data collection approaches

South Taranaki residents provided input and feedback into the TDHB's 4 July and 4 August 2011 community consultation process through the following channels:

1. Completion of one or either of the online and offline survey questionnaires. The printed offline hard copies of the survey questionnaires were returnable by post, fax, or posted in collection boxes located in the local public libraries.

2. Attending one or more of the nine TDHB public consultation meetings and the seven other community group meetings. The main issues raised and addressed during these consultation meetings were recorded by two members of the PF&PH project team. The issues raised at all of the meetings followed a similar format to the topics covered in the public consultation document and the online and offline survey questionnaires. The meeting reports were subsequently typed up verbatim by the TDHB team and sent to the research team for analysis. Each report was subjected to content analyses to identify common themes and issues.

3. Submissions in the form of individually written letters/ emails, comments written on the printed newspaper clipping advertisement and the 20 more clinically-focused submissions (see Appendix 2 for a copy of the newspaper clipping advertisement). The contents of the letters were coded thematically then entered into a *SPSSv18*database and later analysed by the TDHB's researcher/ evaluator. The analysis was then written up and forwarded to the research team for inclusion in this report.

The survey questionnaire

The PF&PH Project Team designed both the online and offline printed survey questionnaires. The survey questionnaires included a total of 35 questions, which largely followed the 10 topics covered in the public consultation document. The questionnaires were subsequently imported into the online *Survey Monkey* software by a member of the TDHB Communications team.

The questionnaires included both closed- (yes/ no) and open-ended questions (spaces allowed for comment). Appendix 1 of this report presents the 35 individual survey questions and respondents' responses to those questions in the form of tables. The survey tables also indicate under each individual question the number of respondents who provided additional comments and who skipped a particular question.

Data entry and analytical approach for the survey

A member of the TDHB's Communications team designed the survey database using the online *Survey Monkey* software.

All questionnaire response data were largely entered by one member of the TDHB's Project Team. The data were subsequently summarised and tabulated using the *Survey Monkey* software. The data from the open-ended questions were then imported by the TDHB's Communications team member into a Microsoft Excel database, as requested by the research team. The *Survey Monkey*

tabulations and the Microsoft Excel database were subsequently emailed to the research team for analysis and report writing (a copy of the 36 questions asked in the survey questionnaire and the tables showing respondents' responses to each individual question are presented in Appendix 1 of this report).

The research team used manual content analysis to analyse both the survey questionnaire's open-ended qualitative data and the consultation public meeting reports to identify key emergent themes within the collected data. The content analysis was achieved by reading and coding all survey respondents' comments from the survey's open-ended questions according to particular themes evident in the survey respondent's responses. However, readers should note that some of these open-ended responses bore no real relationship to a particular question's intent and there were many where the response's meaning was not always clear. These were no included in the analysis.

Who provided survey feedback?

The survey results reported in the following section of this report stemmed from 374 consultation survey questionnaires responses. Of the 374 surveys281 were hard copy responses and the remaining 93 were completed online.

Table 1: Town or city where survey respondents live

Town or city	n	%
Eltham	6	2%
Hawera	138	39%
Kaponga	4	1%
Manaia	19	5%
New Plymouth	1	0%
Normanby	6	2%
Ohawe Beach	2	1%
Opunake	8	2%
Patea	26	7%
South Taranaki District Council	10	3%
Te Kiri	1	0%
Waverley	4	1%
Unknown	128	36%
Total	**353**	**100%**

The column percentages do not add up exactly to 100% because of rounding.

4. Consultation survey questionnaire results

This section of the report presents the main findings of the consultation survey, which the TDHB distributed as part of its public consultation with the South Taranaki community regarding its *South Taranaki: Alive with opportunities for better health care* consultation document. That document outlined proposed changes to the district's current health care services. The following discussion outlines which changes survey respondents supported and which ones they opposed.

The survey results are based on the response of the 353 who completed the survey question. For the most part, respondents did not answer all 36 questions. Consequently respondents' numbers differ for each question. The numerical results from each of the survey's 36 closed-ended 'yes/no' questions are presented under the question headings. The themes that emanated from the opened- questions are presented under headings that show which changes respondents supported and which changes they opposed.

Note all percentages have been rounded to the nearest whole number. Selected quotes are also presented in the results where these effectively serve to illustrate the main themes that emerged from respondents' comments.

Question 1: Do you agree that more emphasis should be put on preventative care to keep people well?

Of the 316 survey respondents who answered this question most (86%) agreed with the question's intent, albeit many agreed with proviso. A total of 187 respondents provided comments following their yes/ no responses.

What they supported

The respondents who supported the proposal to place more emphasis on preventative care but added proviso argued this:

- Should not be at the expense' of 'downgrading' or 'closing Hawera Hospital'

  Not at the cost of reducing beds and ED serv ice at Hawera Hospital

  Not at the cost of cutting back services to South Taranaki. We still need a 24/7 manned accident and emergency unit

  Yes, preventative care is important but not all preventative care is successful for every individual and unforeseen circumstances can result in that individual requiring hospitalisation and therefore we need the Hawera Hospital to be fully operational 24/7 with the appropriate health care.

- Should not occur if it reduces or limits the TDHB's efforts to strengthen primary health care services in South Taranaki or increases the general practitioners' (GPs) workload.

Many considered GPs were already 'overloaded' and consequently were averse to putting any more additional work GPs way. Most considered GPs' primary role is 'diagnosing disease and providing care for the sick':

In the ideal world yes, but [its]not an ideal world and GPs [are] too stretched for time as it is.

But until his [the GP's] workload is reduced by the provision of more GPs or nurse practitioners, nothing can change.

But I am not convinced that the GP practises are capable of providing this service. From what I see they are finding it hard to provide the services they currently do and even with TDHB assistance I am not convinced it can happen. ....

- GPs are already providing this service

Others indicated their GPs were already providing preventative care consequently they saw no reason for any greater emphasis being placed upon it.

Preventative care is already in place but we can't wrap people up in cotton wool, accidents and illnesses are still going to happen at any hour of the day.

No – I do not recall ever visiting a GP in South Taranaki for a non-emergency condition who did not discuss with me how that condition could be prevented.

- Requires better access to GPs

Others that supported more emphasis on preventative care largely interpreted this concept in terms of their having better access to GPs, specialists, or screening services as means to identifying and preventing existing health conditions.

There should be procedures in place so that the public have regular and effective health checks so that any sign of drastic illness or terminal disease can be recognised and treated in its early stages.

Prevention is better than cure, alot of this is about teaching people, especially in the school age years. Preventative care is about having access to doctors, before symptoms get too acute, very often what could have been arrested by a timely doctor visit, because of the lack of doctors in South Taranaki, you end up with an acute casethat takes twice as long to recover and ultimately cost more doctors time and expense.

- Preventative care is the responsibility of many, not just GPs

There were some who strongly supported the need for greater emphasis on preventative care, on the basis that it would be, 'definitely be cheaper in the long run'. Many were realistic in their understanding that preventative approaches are not a 'quick fix'. Others in this group saw the role of promoting wellness as 'not limited to GPs' but rather carried out by many other health professional groups. 'Ruanui Health' and the Eltham general practice were commended for their strong emphasis on preventative health.

In an ideal world prevention is a good goal, but it takes time to put in place and into practice, it should be an ongoing education focus, not a one off review, there are many barriers to people maintaining and owning good health.

What they opposed

Most respondents who opposedthe need for greater emphasis on preventative care did so because they saw this as the individual's responsibity to keep themselves healthy and well:

People must be more responsible to keep themselves well as they can.

Question 2: Would you use text messaging or secure email to contact your family doctor if this were available?

Just over three-quarters (79%) of the 344 respondents who responded to this question were opposed to the idea of consulting their family doctor by phone or email. Of this group 207 respondents gave reasons for rejecting these electronic forms of contact. Many appeared to have interpreted this question as implying that secure emails and texts were about to replace face-to-face consultations with GPs, which may go some way towards explaining why so many opposed the proposed option.

What they opposed

- Electronic contact forms are no substitute for face-to-face contacts with family doctors

This major theme was the most common reason given by opposing respondents for rejecting this proposed service contact option. Reasons given for this preference included:

- safety concerns, namely the increased risk of misdiagnosis
- security cannot be guaranteed
- many personal health issues were considered too complex and personal to consult by cell phone or email.

No – how can a doctor diagnose something via a text message!!

No. I prefer to see a doctor face to face. If my family doctor is not available, then who is going to be be answering the text message or email? How secure is this system? The interent and phone systems are not as secure as we would like them to be. There are hackers and viruses. Not to mention phone reception is quite bad around areas in South Taranaki - including where I live in Ohawe.

Others rejected this form of contact outright calling it 'ridiculous', 'unbelievable', unacceptable', and '… the biggest joke [in] this health care proposal'.

That would be about as effective as 'googling' your symptoms. We need face to face care, end of story.

- Electronic access and coverage issues

Having no access to a computer or cellphone was the second most common reason for the large number of respondents who rejected the email and texts service contact options. Many considered the older generation and people on low incomes would be less likely to own or use a computer. Cell phone coverage in rural areas was also described as poor to non-existent in areas such as Kaponga, Manaia, Opunake and Ohawae.

Not everybody in the senior citizen group have computer equipment.

How ridiculous. The community profile document on this site show that between 10% to 20% of people in South Taranaki don't even have access to a phone. The elderly generation are going to struggle relying on technolgy. Is the next suggestion that we use google instead of seeing a doctor?

No access to cell phone cover where I live.

- Will create even more pressure for GPs

The proposed email and text contact options were seen as likely to compound existing pressures on GPs.Others questioned the time GPs would need to set aside time to respond to these email and text messages.

At Southcare there are over 10,000 clients.To expect a doctor to clog up his valuable time replying to text and email messages if unreaslitic. Nothing can beat a one on one consultation with your GP.

How would the Dr cope with a bombardament of electronic communication? A good Dr needs to see the patient.

Situations where these contact options were seen to have potential value were for:

- minor health issues, e.g. colds, sore throats
- repeat prescriptions requests for regularly used drugs such as asthma inhalers.
- accessing results of diagnostic tests, e.g. blood tests, x-rays
- follow-up consultation questions.

That could be quite helpful for follow-up questions and help after an appointment or for the Dr to send test results. I suppose the Dr would set aside certain times during the day to read/reply to emails.

... text or email systems are good for things such as organizing repeat scripts, not for health consultation.

Others saw value in thesecontact approachesmainly in terms of their being a useful 'add-on service'.

Question3: Are there any other issues about contacting your family doctor that we need to consider?

A significant number of the 228response comments to this question were either unclear, ambiguous and often appeared unrelated to the question. Common themes that emerged from those that were clear and unambiguous are discussed below.

What they supported

- More effort required to cut GP waiting times

Many respondents considered waiting times to see some GPswere 'excessive' and 'unacceptable' because of the long appointment waiting times. Many reported appointment waiting times of between one to four weeks. Hawera practices figured strongly in the call for the DHB to focus more on reducing waiting times to access GP primary health care services.

Unless you're willing to wait a month for an appointment with your doctor that's fine BUT usually you want to see the doctor that day or at least within 48 hours. It is disgusting the way you have to wait so long to see YOUR OWN DOCTOR.

I am a generally fit and healthy person who can go a year without a single sick day. On those rare occasions when I do need to see a GP, it is not acceptable to wait several days or even weeks for an appointment. I have a good job in one of the most affluent regions in New Zealand, pay my taxes and expect a high standard and ready access to healthcare.

Less waiting times to get a timely appointment with Family GP... Waiting for 2 weeks for an appointment is not good enough. You almost need to make appointments in advance incase you get sick!

- More effort needed to attract more GPs to the district

South Taranaki's GP shortage waslargely seen as underpinningthe unacceptably long waiting times people are reportedly experiencing to get into see a GP when required. The DHB was urged to increase efforts to attract more GPs to the district and questioned as to what it was doing to overcome the shortage. One of these respondents was annoyedabout the lack ofany statistical information in the consultation document with regard to the current ratio of GPs per head of population in South Taranaki, what the recommended guidelines are, which practices have stopped enrolling patients, and what the average waiting times are.

Respondents considered the potential downgrading of Hawera Hospital, its ED and after-hours service, as detrimental to any idea of attracting new GPs to the district to help overcome the district's perceived GP shortage.

I would like there to be more Drs available for the huge amount of patients so we don't have to wait 2 to 3 weeks to be seen. And we won't get more permanent doctors as long as NP keeps threating to close our HAWERA Hospital all the time. They need to know its a good secure hospital for their and their families peace of mind.

We need to atract more doctors to the South Taranaki region. Reducing the hospital to something barely functioning WILL NOT attract health professionals to the area.

Others measures respondents considered might induce doctors to stay in New Zealand, for example 'pay them better' and:

Recruit more GPs - train more New Zealanders and require then to work in NZ for a few years - give them free training in return for commitment to working in NZ. This of course would be a political decision. Again the answer is many more GPs.

Our best young new doctors are forced to go overseas to repay their enormous student loans. NZ should care for the finest and best not export them.

- More effort required to provide access to a'family' doctor'

Many respondents bemoaned the loss of the traditional 'family doctor'. To see the same GP on consecutive occasions, particularly in one of the larger Hawera family medical centres,reportedly can require waiting times of anything between two to four weeks. Many respondents reported difficulties in retaining the same doctor on consecutive visits. The loss of familiarity and rapport between GPs and their patients was considered another downside of the district's GP shortage.

I believe there is no such thing as a family doctor anymore especially in Hawera. I moved here from New Plymouth four years ago and enrolled in the medical centre and as yet have not seen the same doctor. Maximum that I have had the same doctor has been twice. They are unable to get to know me as a person and evaluate my health by past perceptions and medical knowledge of previous doctors, and naturally each have their own method of advice and treatment.

It is pointless many times as you cannot get to see the same Doctor in anything under 3 weeks notice. There is no such thing as a Family Doctor at a place like SouthCare. You have to take whoever is available. One cannot say I need an appointment in 3 weeks because I plan to be sick then?

- Have nurses assess patients' need for appointments by phone

There was some support for having direct access to a practice nurse to assess, advise, and prioritise a patient/ caller's need to see a GP. It was thought this approach would help circumvent those practices where receptionists reputedly require all patients to come in person to make their appointments.

At the moment it seems that if you ring with a question for the nurse they will tell you that you need to come in and see the Dr and then you have to go and sit and wait up to 3 hrs for a 5minute slot with a Dr, could the nurse actually talk to the DR first if they aren't sure so we don't have to waste time traipising down there.

I think the idea about prioritising appointments is an excellent idea. Also to have a nurse answer the telephone is a good idea. The healthcare team should leave slots available for emergencies. This all comes back to the problem of having enough GPs in South Taranaki. This is a really pivotal point of the whole health proposal. How are these Drs going to be attracted to South Taranaki practices and retained?

Not having to physically go to a practice to get repeat prescriptions, particularly in the case of minor conditions was also best done by phone, without the need to see a GP.

I would like a simple system for arranging prescriptions for simple stuff without seeing a GP, e.g. over the phone, for stuff like getting hayfever medicine that doesn't really need me to see a doctor because its already on my notes.

Question 4: Would you use phone appointments and email consultations with your family health team if these were available?

Of the 205survey respondents who answered this question, just over two-thirds(66%)indicated they would not use this option were it available. Of this group 205 commented or gave reasons for their responses. The responses to this question largely reiterated those under question 2. In that case, respondents read the email and texts options as meaning consultations not 'contacts' with their family doctor. Common themes that emerged from the comments were:

What they opposed

- Consulations other than face-to-face consultations

Most considered face-to-face the most or only appropriate way to consult with their family health team. Safety and security concerns were the most frequently cited reasons given by those who rejected the phone and email consultation option.

How absurd - to think you can give an accurate consultation via email. A consultation is more than words. It would only be a matter of time before an incorrect diagnosis was made and whose fault would it be - the individual that wrote the email - they forgot to mention some very important issue.

We need "face to face" consultations with a GP who cannot only listen to the patient's description of their problem, but can also can physically examine the patient, to help the GP make a reasonable diagnosis.

However phone consultations were considered appropriate in some situations: namely in the case of minor health problems, repeat prescriptions, 'routine questions'. The use of phone consultations was largely perceived as a potential 'add-on' consultation option, albeit these same respondents never considered the phone a substitute for a face-to-face consultation option.

There were some who liked the idea of an email consultation if its purpose was to primarily 'back-up' or 'reiterate' the main points of a face-to-face consultation with their GP. However, others suggested emails and phone consultations would only add additional pressure on already over-stretched GPs. It was suggested these approaches needed to be trialled.

I would use the phone to make appointments with my Dr. I think the idea of using email to back up your face to face GP consultation is a brilliant idea. Sometimes you receive alot of information and it

would be nice to have the major details of your visit re-iterated in email form, however alot of people do not use computers, esp the elderly.

- Not everyone has access to computers and cellphones.

Access issues as a result of poor cell phone coverage in rural areas and also homes without computers were another major reason for not favouring these types of consultation options.

... health care is personal, a large percentage of the population in Taranaki are from the lower decile rating, these dont have access to email or are not computer literate.

The comments of others who 'totally' disagreed with these options gave a range of differing explanations for their views including: the high risk of misdiagnoses;privacy and security concerns; the high level of complexity of some health conditions; and because evidence-based research suggests face-to-face consultations 'is the Gold Standard'.

Question 5: Would the availability of appointments with Clinical Pharmacists, Physiotherapists, Occupational therapists, Care managers (nurses to coordinate your care) or Mobile Nurses to visit your home) be helpful to you?

Of the 307 responses to this question 60 precent supported the proposed option.A total of 197 respondents provided addition comment indicating reasons for their responses.

What they supported

Of the health professionals listed in this question,mobile nurseswere the group most respondents indicated they or others would want to access. Older people, those on low incomes and others who are 'housebound' were seen as groups most likely to use and benefit from having the mobile nursing service available. Taking blood tests was identified as a much needed service that mobile nurses could usefully include in their work programme.

A small group of respondents indicated appointments at home with a clinical pharmacist could be useful if they could provide repeat presciptions.

Some supporters of the proposed service option considered the Hawera Hospital an appropriate site to house the 'proposed' mobile health workforce. It was suggested that 'a suitable medical facility' could also be a a possible and appropriate site for housing the mobile workforce.

Why they opposed the proposed service

- Better and faster access to GPs is the 'paramount' concern

The proposal was seen by many respondents as an attempt on the TDHB's part 'to shift responsibilty for primary health care from GPs to non-medical health professionals. A majority Many perceived the current shortage of doctors/ GPs as the major issue confronting the South Taranaki District:

This should in no way reduce the availability of appointments with GPs

You are shifting the responsiblity of health care onto a nurse to make medical desisions.

- Perceived shortage of health professionals

Some questioned the availabity of physiotherapists and nurses to fill these roles.

But where will you get them. My mother is in a Home/hospital here in Hawera & they have not has an occupational or physiotherapist for sometime after the previous one moved to New Plymouth! She did not get the care she needed.

Where are all these nurses etc to come from??

- Most of these services are already available in Hawera

Respondents indicated that services such as Ngati Ruanui Health, district, and public health nurses are already providing mobile nursing services out there in the local community. Physiotherapists, occupational therapist and also mobile nurses reportedly were similarly seen to be already visiting people in their homes. Some Patea respondents said they would use the mobile nursing if it were available given the distances they have to travel to access health services.

Reasons for opposing the service option

- It's not cost effective

Many respondents rejected the idea of these proposed mobile health professional services as they considered it a 'poor use' and 'waste of resources'. Several made particular reference to the 'prohibitive' travel costs that would result from providing mobile services.

This isn't going to help the deficit because you have to train these people up more to cope with this and you'll have to then pay them more so where is the saving in this.

Where are these specialists going to come from though? Does TDHB have enough trained staff to advocate this and if not at what cost is this going to be achieved???

- Not at the expense of downgrading Hawera Hospital

Others wanted no part of the proposed mobile services if these were to be at the expense of downgrading Hawera Hospital.

Question 6: Are there any other issues about visiting your family health care team that we need to consider?

Of the 279 respondents who answered this question71 percent raised issues they wanted the TDHB to consider.The issues largely reflected those raised in preceding questions, namely:

- The need to reduce waiting times

The 'excessive waiting times' to get an appointment to see a GP was again a major concern, for a large group of respondents, Hawera residents in particular,albeit not exclusively. Some Eltham and Patea respondents indicated they too had experienced difficulty in getting timely appointments with their GPs. This question generated considerable criticism of waiting times at Hawera's SouthCare Medical Centre where waiting times to see a GP reportedly can take anything up to three-weeks. It was suggested waiting times at SouthCare Medical Centre are symptomatic of Hawera's GP move to the SouthCare practice model, which one respondent argued, has drastically reduced competitionand hasresulted in excessive GP appointment waiting times.

Lack of appointmentsespecially for sick children/emergencies. Having usually to wait 3-4 days for an appointment.

Waiting times are atrocious. You never get to see the Doctor at the time given.

- The loss of the ‘family GP’

As was the case with earlier questions, many respondents were unhappy withthe perceivedloss of the ‘family doctor’. Many suggested there is ‘no such thing’ in Hawera as a ‘family doctor. Some indicated that when people ask to see a particular or preferred GP it is usual to wait anything between two to three weeks to secure an appointment with him/her.

Need doctors that stay because you just get used to one doctor and he/she has left and [you are]back to square one of getting to know a new doctor. If you want to see your own doctor you have to be prepared to wait weeks.

It is very nice to be able to have one dr instead of who is available to see you. You get a sense of trust with your Dr and your Doctor gets to know your family and its individual needs,issues.

As long as you can see someone when you need to and don't have huge lengthy waiting times. Or having to wait 3 weeks to get into your preferred choice eg Southcare.

- The GP shortage

Some saw the unacceptably long appointment waiting-times and the seeming demise of the traditional ‘family doctor’as largely reflectingSouth Taranaki’s critical shortage of GPs. Many saw an urgent need for the DHB to focus on ways to attract GPs to the area. Bringing overseas doctors in on six-month holidays, some argued, was not a suitable answer to the shortage problem.

Others saw the GP shortage as likely to exacerbate should the proposed changes to Hawera Hospital and its emergency department go ahead. ‘Leave well alone’ was the decided message to the DHB from this group of respondents.

Suggestions to help alleviate the GP shortage included, ‘improve their pay rates’, and ‘reintroduce competition’thereby discouraging the development of general practice ‘monopolies’.

- Access barriers to primary health care

The high costs of travel and the associated costs of having to travel to primary health care and secondary health care services such as Taranaki Base Hospital were anissue for many respondents. Other access barriers identified included having no access to personal transport and not being able to afford to go to a doctor. Youth, the elderly. and low income groups were identified as the population groups most likely to be affected by these barriers.

With childrens sport injuries and elderly parents in Hawera,our family does a huge number of trips to New Plymouth. These trips cost a lot in petrol and time off work and school.

Trekking up to New Plymouth as a whole extended whānau to visit my father when he was in Base was very stressful. We needed to book accomodation etc and he wasn't admitted until 10.30pm after being in ED since 8am. I thought my poor mother was going to have a heart attack. There is no account taken of where people have travelled from.

The funders and planners of health care services were asked to bear in mind when reshaping the South’s health care services to ensure all services are accessible and affordable for those on fixed and low incomes.

Presently many people still avoid going to the doctor until the illness they have becomes a serious issue. The costs of implementing additional services need to be made affordable to most people, if there is any chance of this problem changing. It's not that people do not care about their ailing health, it all comes down to what issues people can afford to take care of, and what they can't.

- After hours services

Access to after-hours services and GPs' limited service opening hourswas one of the lesser mentioned issues, though an important issue for those living in some of the more distant rural areas, such as Patea.

> *My local doctor is only available limited hours and even then appointments are hard to get. As a mother of two small children I need to know that local and efficient medical care is available at all hours and not at the end of an hour and a half car ride.*
>
> *... having a GP service that was open longer hours into the evening [could] reduce the number of people going to AE out of hours that could be better seen by a GP.*

Other lesser mentioned issues included a request for better access to blood testing in rural areas such as those on the coast and in Waverley.

Question 7: Do you think it is important for GPs to be able to refer a patient directly for a CT or MRI scan?

The majority (96%) of the 337 respondents who answered this question favoured this proposed service change to enable GPs to directly refer patients for CT and MRI scans. A total of 172 respondents provided additional comments.

What they supported

The main benefits identified from the proposed change included:

- Reduced waiting times to see specialists for referral purposes

Circumventing the need for GPs to refer patients to a specialist was commended because it would help to 'speed up' the whole process, which in the first instance reputedly involves lengthy waiting times to see a GP, followed by even longer waiting times to see a specialist, and again followed by even further waiting to actually have the scan.

> *Yes, it saves the time wasted in being transferred between different doctors, especially in urgent cases.*
>
> *Given the limited number of doctors and the amount of time taken to see one, then yes.*

- Reduced risk of presenting conditions worsening

Early diagnosis of potentially life-threatening illnesses and debilitating conditions were identified as the most beneficial spin-offs from streamlining the referral process. Some respondents gave examples of family members, friends and acquaintances, following a diagnosis of cancer or some similarly serious illnesses who had been obliged to wait unduly long waiting times to see a specialist, followed by another long wait before getting in to hospital to have the scan. The long delays were considered unacceptable given the risk of these conditions worsening.

What they opposed

- The risk of over-referral

The risk of 'over-referral', the higher costs this would incur, and the increased demand that over-referral would put on expensive scanning equipment were the main reasons given for rejecting this proposed service option.

I don't agree with this. Although I do know of several cases where if a GP had been able to refer for these tests, early diagnosis of cancer could have been made and death prevented. I worry that the costs of GP's sending individuals up for these tests unnecessarily would cost the system way too much. I think GPs should be able to consult with specialists quickly and that consultant order the investigation.

That depends on the cost of the resource and availablity. The more general referrals, the greater the clog up of equipment, many which may not have been needed.

- GP diagnostics skills not up to the task?

Some respondents, including several who supported the proposal, questioned whether GPs' diagnostic skills were adequate to judge whether a CT scan or MRI was warranted.

Referral for a scan is fine but few G.P.s due to the skill set they have taken are equipped to read and diagnose these scans to the required level for a successful outcome. THIS IS WHY CONSULTANTS TRAIN FOR THEIR PREFERRED SPECIALTIES.

Providing they have the ability to interpret what they see.

Some respondents suggested various approaches to help reduce the risk of over-referral and higher costs. Suggestions to better prepare GPs to recognise when not and when to refer patients for these diagnostic scans included:

- developingGP-specific diagnostic scan referral guidelines
- providing GP-specific referral skills training
- providing GPs with ready access to appropriate expert advice at Base Hospital.

GP's should be able to refer directly, give them training around criteria, have a Dr at base monday to friday who is available on the phone for GPs to liason with and discuss patients needs for CT or MRI, this would save time and money and sending patients to ED for assessment for this.

Others gave GPs the benefit of the doubt believing them to be up to the task.

Yes, I think it is. I'm sure the GPs would not refer everyone for peace of mind - they would use their commonsense and professional background to access those that do require these.

I think this is a good idea, remove the wait for the specialist. The doctor referring would have to have the confidence of the specialist. As we have been told, the MIR machine is worth 1 millon dollars, this machine should be available 24/7 Roster the operators and specialists on day/night shifts, access to earlier diagnosis will save major expense...

Question 8: Would you like to have more tests, such as urgent ultra sounds and echocardiograms, available in South Taranaki?

Most of the 347 respondents (97%) who answered this question agreed it would be of benefit to have urgent ultra sounds and echocardiograms equipment and procedures available locally. Of this group 127 provided additional comment.

What they supported

Respondents identified the following benefits that would result from having this type of diagnostic testing equipment available locally.

- not having to travel to New Plymouth to have these procedures carried out

- improved efficiency and reduced backlog waiting to get into Base Hospital

Petrol is expensive and time is important to patients and those transporting them. Driving to Hawera much easier than going to NP then having to look for a park

... The less travel to New Plymouth Hospital would alleviate the stress of travel and would also not clog up the New Plymouth Hospital wards etc.

Travelling to NP is stressful for someone who already has health issues. Something that might take an hour or so if done in Hawera is basically a whole day event if travelling to NP.

Other comments of respondents who favoured this proposed service being available locally indicated that Hawera Hospital already has ultra sound equipment available:

Ultrasounds are already available at Hawera hospital, but only 1-2 days per week. I think this could be increased an extra day or 2 and echocardiograms once a week could be beneficial.

Need ultrasound in Hawera for more than 2 days as patients find it difficult to travel to TDHB for urgent ultrsounds.

Others suggested there would be a need for suitably qualified staff to be available locally to 'man' and operate the equipment.

Only if suitably qualified staff available to operate[the equipment].

What they opposed

Respondents who opposed the proposal did so on the grounds that:

- the cost and expense of providing the equipmentwould possibly rule the option out – We must save money!
- not at the expense of downgrading Hawera Hospital
- doubtful there are the clinicians available 'to administer and decipher them'.
- the equipment is already available.

Question 9: Are there any other issues about diagnostic tests that we need to consider?

Of the 231responses to this question, 127 provided comments. Many reiterated advantages of increasing the range of diagnostic tests available locally provided in the two preceding questions, for example it will:

- promote better use of Hawera Hospital's facilities

Utilise the current technicians and lab facilities at Hawera fully - many samples have to go to Base for testing "just because" when the staff and facilities at Hawera are more than capable.

If the option is there to provide more services to Hawera HospitalIT then lets do it. Make our hospital bigger, better, save people anxiety, stress, travel costs in time and money.

- reducecosts and loss of work time/ time in travellingto New Plymouth for diagnostic testing

Traveling to New Plymouth for tests, x ray's etc is costly and oftern means you have to take the day off work to do so.

- reduce waiting lists and times for diagnostic tests

What is being done re the six months waiting time for an outpatient appointment? Why has it got the bad; why has not something been done about this earlier? management staff incompetence!!

However, respondents raised a number of issues not previously covered which included:

- Provide more timely access to diagnostic test results:

Many respondents wrote of difficulties local people had experienced in getting timely access to their diagnostic test results.

Results should be available to patients when they request the information

... Not much use having [an] xray if no-one is available to read it for 3 days. This happened to someone I know this week - for suspect broken arm

Suggested approaches to speed up the process of getting results included making provision for GPs and hospital doctors to check results online and texting results to patients.

Reporting ALL test results in a timely fashion. This would be a good way to use the email or texting option mentioned above.

- Inappropriate appointment times for diagnostic test appointments

Some respondents wanted more appropriate diagnostic testing appointments times for local people who currently have to travel to Taranaki Base Hospital for these tests. Many saw a need for a better fit between the shuttle bus timetables and the booking of diagnostic test appointments.

If they [the tests] have to be done in Base then surely booking staff can co-ordinate appointment times with transport times.

Many people in Patea do not have their own transport, so coordinate the times to coincide with public transport or the hospital bus.

Patients from South Taranaki are given ridiculous times at New Plymouth. No one is available to drive a patient to NP at milking times, and to get to an 8am [appointment], we need to leave before 7am - making it extremely hard to accommodate family members needs - like getting kids to school. Means whole family gets dragged to NP and then [the] appointment is cancelled when you get there. Better communication when appointments are cancelled needed so you don't waste so much time... .

- Require additional diagnostic tests over and above those proposed

Some respondents identified particular diagnostic tests, over and above those listed in question nine, which are not currently provided locally which they suggested could be provided at Hawera Hospital or elsewhere locally. The identified tests included after-hours X-rays, barium meals, diabetic eye tests, and blood tests.

Why can't all Xrays be done in Hawera instead of having to travel to N.P. Hawera has an excellent Xray service which is more accessible than N.P. without the running costs of driving to and from

Despite the largely positive response to having more diagnostic tests available some scepticism was expressed as to how this could be achieved given the need for cost cutting.

If the plan is to cut costs, how is all of this going to be so readily available. I cant even get sick children into a GP unless I want to wait for hours for 'a' walk-in doctor. This is a problem and I think it will multiply if you are considering offering all these extra services without a considerably bigger medical team.

Question 10: Would it be helpful if supplies of emergency medicines were available at Hawera Hospital?

The majority (97) of the 314 respondents who answered this question were in favour of having supplies of emergency medicines available at Hawera Hospital. Of this group, 153 provided additional comments.

What they supported

- Filling the current after-hours emergency medicinesneeds gap, and
- Reducing the need to travel long distances to access emergency drugs, particularly for rural residents

There was broad support for this proposed option given that after-hours emergency medicines supply services are currently not available in Hawera after 12:30pm Saturday through until 8:30am Monday. The Opunake pharmacy's hours were described as even more limited. Consequently many people living in areas such as Patea, the Coast and in other distant rural areas have to travel considerable distances to either New Plymouth or Whānganui to access after-hours emergency supplies. Hawera Hospital was perceived to have helped fill the gap that occurred when the DHB reportedly stopped funding after-hours pharmacy services in the South. Many respondents considered the proposed service is a step in the right direction to help fill the current after-hours emergency medicines gap and to make use of Hawera Hospital's facility.

> *No pharmacies are open Sat afternoon, Sunday, Public holidays etc which makes it difficult for people to get urgent medications.*
>
> *No one wants to haul up to New Plymouth to pick up medications after a sleepless night with an unwell family member*

Some respondents suggested the following emergency medicines should be stocked at Hawera Hospital for emergency situations namely: chemotherapy and psychotropic pharmaceuticals; various forms of pain relief; antibiotics and 'new' but not repeat prescriptions, as the latter could be open to abuse.

- Requires suitably qualified staff required to dispense and administer emergency medicines

Many supporters of this service option questioned the feasibility of providing the service, doubting there was the staff qualified and available to fill the roles such a service would create.
The proposal to move the emergency doctor off-site, and nurses not qualified to dispense medicines were seen to undermine the practicability of providing the service in the evening.

> *But emergency staff are overworked now how are they going to have time to dispence medicines as well.*
>
> *... Unless [there is a] pharmacist on site in Hawera [Hospital] this will increase problems. Who is going to collect money and dispense? Nurses aren't allowed to dispense, weekend and after hours doctor too busy. Word will soon get around that you can collect script at Hospital at your leisure and for the criminals that there is more drugs and money on site. We have no security apart from door locked after hours.*

Respondents envisaged that if the proposed service were to go ahead building modifications to 'suitable spaces' would be necessary at Hawera Hospital to ensure the safety of emergency and other hospital staff working there.

The following quote captures respondents' general concerns with the proposed option and offers and alternative solution.

Limited pharmacy opening hours is an issue for South Taranaki, but without a pharmacist on site at Hawera Hospital who would dispense these medications? Is it not out of nursing scope of practice to dispense? Does the ED doctor on duty have time to do that sort of duty himself? Is there a need for a pharmacist on duty at Hawera hospital over weekends? I don't think so. If a pharmacy would open in Hawera Saturday and Sundays until lunchtime there would be less of an issue with medications.

What they opposed

The small group of five who rejected the proposed option considered the service would be better provided by existing pharmacies. One respondent understood that pharmacies were funded to provide after-hours service, hence they should provide it.

PREFER URGENT PHARMACY OPEN AT SET TIME IN WEEKENDS

A pharmacy should be open sometimes after hours. (say for 2 hours on a Sunday).

Question 11: Would it be more convenient for you to receive IV chemotherapy at Hawera Hospital?

The majority (93%) of the 314 respondents agreed this proposed service option would be more convenient for South Taranaki residents requiring IV chemotherapy. Of this group 153 provided additional comments.

What they supported

Supporters of this proposed service option identified the following range of benefits this service option was likely to provide for cancer patients requiring IV chemotherapy:

- reduction in travel time following chemotherapy treatment was thought likely to lessen the degree of discomfort, nausea, and distress that frequently follow this treatment

  When having chemo the last thing you feeling like doing is travelling long distances. As well you need your family beside you for support at those times. Some people can't afford to travel long distance to get the treatment.

- reduced travel costs

  This would save the very expensive travelling to New Plymouth for Patea/South and rural people.

  Any extra travel represents a certain waste of time and resources, and is taxing on sick people.

However, some supportive of the proposed approach queried:

- the practicality of providing IV chemotherapy treatment at Hawera Hospital

  Only if suitably qualified staff are available to administer the treatments and monitor the procedure.

- the cost effectiveness of the proposed service given the cost savings the DHB must achieve

  Would this be cost effective since this proposal is supposed to be a cost cutting exercise.

What they opposed

The eleven respondents who rejected the idea of having the service provided in Hawera did soon much the same grounds as the supporters who questioned the feasibility of the service option, namely:

- it's not cost effective, particularly in light of the 'cost cutting exercise'

  This is specialised. Only limited amount of people need this. Keep it to the main centres...

- the degree of need for the procedure.

  ... weigh up the benefit of IV chemo at Hawera vs the loss of other health services and professionals due to downgrading of the Hawera Hospital.

- not at the expense of downgrading Hawera Hospital.

Question 12: Are there any other issues about obtaining medicines that we need to consider?

Having better access to medicines especially in emergency situations was a 'paramount' issue for many of the 152 respondents who provided comment. Issues respondents raised included:

- Fund and support Hawera pharmacies to providesome after-hour services

Some Hawera-based respondents indicated the town is fortunate to have two good pharmacies despite there being no after-hours service. South Taranaki reportedly had a good pharmacy system going up until a 'few years ago' when the actions of the DHB, 'due to budget restraints' reportedly led local pharmacists to discontinue opening on Sunday. Some Hawera and Opunake respondents were keen to see a return to having local pharmacies opening for a few hours on Sunday to dispense prescriptions. These respondents argued this move would cut down the amount of dispensing Hawera Hospital's emergency department currently does. It was suggested having a 24-hour chemist available or on call co-ordinated by Hawera Hospital was a possible solution to Hawera's after-hours emergency medicines issues.

Opunake's pharmacy is reportedly open limited hours only. The town was seen as needing a fulltime pharmacy.

- Access barriers to obtaining emergency medicines

Some respondents identified potential barriers for particular groups requiring access to emergency medicines. Barriers identified included: prescriptions costs, additional charges for faxed prescriptions, a lack of personal transport, and the cost of travel to access emergency medicines. People on low incomes and older people were seen as the most likely to experience these barriers.

South Taranaki has a larger lower socioeconomic group of people. The costs of GP appointments and medications is more than many can afford. This is the reality of our health care system. People who attend ED at night and given medications to last until pharmacy opening hours and provided a prescription, and then they are "broke" until payday so do not get prescription filled. This is the reality. Not to mention petrol costs to get to ED in the first place. South Taranaki is a large area and for people who don't live in Hawera township it can be anything from a 10 - 30 minute trip to ED each way. This does not just mean beneficiaries, this is also the reality for young 'working' couples with children - struggle week to week....

People with asthma and parents of asthmatic children also came across as a group with access barriers to obtaining medications. It was suggested inhalers should be available without a

prescription in an emergency situation, or alternatively on presentation of entitlement identification, along the lines of a 'high user card'.

These medicines must also be available 24/7, through the emergency department in the Hawera Hospital. How many times does a child or adult need access to medicine or treatment (asthma etc) in the early hours of the morning, waiting untill they can see the doctor in the morning is not an option.

- Limit the range of medicines available at ED

Some respondents were opposed to the idea of having an extensive range of drugs available at the hospital, because they saw this as having the potential to 'clog up A&E' with people collecting medicines 'when it's hard enough to see a [doctor] there.' Having a large range of drugs on site was perceived as likely to encourage the criminal element.

Question 13: Do you support the introduction of Care Managers to assess and coordinate the care of people with complex health needs?

Of the 302responses to this question close to three-quarters (70 %) of respondents supported having care managers to assess and coordinate the care of people with complex health needs. A total of 172 provided additional comment.

What they supported

The main reasons respondents supported the proposed care management approach were:

- The service was seen as having the potential to promote better coordination and consistency of care for patients where there are numerous health professionals involved. The service would assist to ensure patients with complex health needs are regularly assessed and managed and that they are better informed about their health needs and how to manage it for themselves.

... handy to have one person who knows 'everything about the patient's health needs'

Having someone that has overall responsibility would be great when you need numerous specialist care. If the gp's did their job and there was consistency of care with the same doctor this wouldn't be needed!

Mum was under a number of people for her care and we had some problems. Eventually she was put under the care of the Cardiac Nurse, who helped us get everything fully coordinated and her health has been much better ever since. We no longer see the Cardiac Nurse but can go back if needed.

- Will be of particular value to patients who live in rural areas and for the elderly with complex health conditions.

Many respondents pointed out care managers are already available in some parts of South Taranaki, for instance Hawera, Patea and Eltham. One respondent was hopeful the proposal signified a move towards expanding these services. Another noted this proposed service is not a new system of care management but rather one that already exists locally. The respondent was hopeful the proposed service was an extension to what already exists rather than introducing a totally new service model.

This systems works well for elderly clients in the community with complex functional needs with a database already in existence. An add on to this to incorporate health needs would be an advantage but not introducing separate Care Managers under a new system.

Many held that 'care managers' must be suitably qualified in order to undertake this role. Qualifications identified as essential for the role included: must be a registered nurse with community nursing experience; experienced in working out in the community; have 'empathy' with patients, and be capable of working in with local GPs.

Provided that these are RNs from Hawera not NP and they work in with the GPs.

BUT you must ensure that case managers have the people skills that are required as feedback tells me that this is not what is happening at present. Knowledge and practical skills are not all that is needed.

Other frequently identified proviso included:

- 'As long as their delegated authority allows them to book specialists' and generally access appropriate treatments where necessary
- 'Providing patients are not bounced around from one case manager to another'
- 'As long as this does not create another paper trail'
- Providing the service is based at Hawera Hospital, and

This is fine as long as their delegated authority allows them to book specialist appointments and get the required treatment as and when necessary. Having just another administration level is not going to help.

What they opposed

The following reasons were given for opposing the proposed case management service:

- care management is the GPs' role

I want a qualified GP to assess and coordinate the care of people with complex health needs.

Complex problems are for doctors to sort out.

- care management was considered 'just another layer of middle management' that will require funding.

I see this as the role of the GP and the health care team within the practice. We do not need more Managers of any sort - adding more cost.

This role needs to be carried out by doctors or highly trained nurses, there are far too many managers in the health system as it is! Your % of health profesionals (doctors etc) to managers (paper shufflers) is totally out of balance. You need to take on some of the goverment's own incentives - THE LEAN SYSTEMS.

Other remaining comments covered disparate ideas, which suggested the care management role was not well understood. The following quotes are suggestive of this type of misunderstanding:

We need health nurses

Ultimately people have to take responsibility for their own health

Others admitted having no understanding of what care manager was and queried who and what it involved.

Question 14: Do you agree that health professionals should share relevant information about you with other health professionals looking after you?

The majority (90%) of the 329responses to this question supported the idea of health professionals sharing relevant information about their care.

What they supported

Supporters of this service option identified the following major benefits of health professionals sharing patient health care information as it will provide:

- Provide more consistent, effective quality care

  I think so. So they are all in the know of your medications/progress. SO when you see them they are straight away up to date with where you are/and so where to from here is easier. ...

  No point in having half a story if good, timely appropriate care is required.

  Absolutely! Whatever helps to streamline the health care service should be done.

- Reduces need for patients to repeat and to recall complex information.

  In the South, we are used to being pushed from pillar to post and having to repeat our stories again and again as we move through the system.

- One patient-information centralised database available to health professionals involved with care

Some respondents indicated support for a systematised, centralised computer database that all health professionals involved with a patient's health care would have access to and add on to following a patient contact. The individual patient records would be used to record, for example, all key aspects of patients' health conditions diagnoses, types of care and treatments received, medications prescribed, and the types of health and social support services received.

One system to prevent overlapping of services would be beneficial. One computer system, patient focused co-ordinated health care delivery is ideal. for example all needs such as personal care, home help, meals on wheels, district nurse, etc would be co-ordinated.

Each health care professional should add to my health care file the treatment and care they are providing so a record is being created, which would be avaialble to all professionals.

Some respondents expressed surprise or were 'on the other hand' sceptical that the sharing of information between health professionals did not occur already.

Others who supported the concept qualified their support, stipulating this must be done within 'the bounds of the Privacy Act'.

What they opposed

The most common concern among the respondents who stated reasons for rejecting the concept were largely focused on privacy issues. Most respondents' comments who said no to this question indicated they were prepared to accept sharing of their information between health professionals but:

- only with their informed consent
- in accordance with the 'Privacy Act', or
- if it were 'only information that is necessary'
- only between doctors only:

There are too many hospital staff that have access to medical records that can leak information. There would have to be some form of security set on files so that only doctors can access the information - and even then, it's still a grey area on confidentiality.

This can be available to other doctors. If the information is available to healthcare professionals, who do not have the necessary qualifications, a wrong decision may be made about a patient.

Another suggested that some patients with mental health and sexual health issues would want their information to remain strictly confidential.

Question 15: Are there any other issues about community health services that we need to consider?

Of the 213 respondents who answered this question, 174 wrote of community health service related issues they wanted the TDHB to consider. The most frequently mentioned issues respondents raised were:

- The need to keep Hawera Hospital open and fully functional

Respondents wanted Hawera Hospital to remain open and fully functional. To achieve this some suggested developing the hospital into a hub or a base for a range of other community services. Other services respondents suggested that could be based at Hawera Hospital included: district nurses; visiting specialists; physiotherapists and occupational therapists; the ambulance service, mental health service support, particularly the crisis support and counsellors for drug and alcohol problems.

Community services should emanate from Hawera Hospital so there can be co-ordination through [a] common database held there not fragmented via GP practices.

Others, as the quote below suggests, saw a need for additional support for community services to improve their overall quality.

It would be great to improve overall community health services. To have a fully staffed, fully functioning community health service, along with a great hospital and great services to back up the community health side is the only way to attract more health professionals to the region. Make the changes to community health - see the improvements. And then IF there is a reduction in the number of beds required in the hospital due to improved health THEN and ONLY THEN can you look at reducing bed numbers. Get the community health side sorted out first.

- The GP shortage

The shortage of GPs and the issues related to this deficit, namely long appointment waiting times to see a 'preferred GP', were again an issue that a large number of respondents identified as of major concern for them.

Respondents provided a number of seemingly unrelated responses and comments under this question some of which concerned the need for:

- more mental health services for mentally ill patients and for those with drug and alcohol problems
- improved [health professionals'] communications with patients
- better quality and additional community support services to support older people in their homesand to ensure all elderly patients discharged from hospital are not abandoned or left without enough quality follow-up care and support
- better consideration of the timing of appointments for those having to travel from the South to Base Hospital
- the need to improve access to mental health care services.

One Hawera respondent appeared reasonably satisfied with existing community services in South Taranaki saying 'They are doing a good job'. Another welcomed any effort to enhance the South's community health services. However, in contrast, another suggested that:

> *You need to have a long hard look at the community health services that are currently in place ....., [many] are not cost effective, there are nurses running around in the community not doing an efficient job hence money is going down the drain. ... .*

Question 16: Would you use phone and video appointments with a hospital specialist if these were available?

Of the 307 respondents who answered this question, 62 percent rejected the use of phone and video appointments to consult with hospital specialists.

Why they were opposed

Of those respondents who rejected the option and provided reasons for their response, the majority stated a definite preference for face-to-face contact, with little or no further comment. Many commented along the lines of:

> *UNBELIEVABLE - WHAT CAN I SAY TO THIS?*
>
> *What a silly idea.*

Others who gave somewhat fuller reasons for their rejection of these proposed service options queried how a specialist could undertake an actual physical examination given that health issues requiring specialist care are generally 'too complex'.

> *Never Never never. Can one phone call or one picture truly explain the client's problem/s especially in complex cases. Otherwise medicine is only reactive and treating symptoms as they pop up rather than as an ongoing situation.*
>
> *It's not the same as sitting face to face with someone. Often you are putting your lives in these people's hands, you need to form some sort of connection with them which is not possible through video.*

What they supported

A smaller group, including some who had indicated rejection of the concept, saw some merit in the video concept, particularly in those situations where face-to-face contact is not so important. These situations include for:

- enquiries only

- routine follow-up appointments
- minor problems only, although one respondent observed these were hardly concerns requiring specialists consultations
- consultations where it is largely a matter of the specialist making recommendations or where patients' questions could be answered.

Another group of supporters saw some value in 'possibly video, but definitely not phone'.

Others indicated the proposed video and phone appointments with specialists would be acceptable if these communication channels were supported by:

> *a trainee doctor at Hawera Hospital with you and the consultant in New Plymouth at the other end ….*

Or alternatively:

> *... a trained nurse available on the conference (at the patient end) and maybe a member of the patient's family. This would be limited to [the] very first appointment and to certain symptons This would require training of doctors and nurses (similar to teachers on VC teaching).*
>
> *So long as a nurse (interpreter!) was present. It would cut out travelling time & expenses from our sick, use specialist time more efficiently and appears to be one way technology can change the medical profession for the better.*

Others saw benefit in the approach if these were an add-on option consultation, as proposed in the following quote:

> *... only as an extra to a normal face to face consult. This option could be used as a compromise between having a GP order an Xray or scan directly and a patient having a long wait for a specialist appointment to order an Xray, scan or other investigation.*

Several respondents pointed out the video consult options may not be appropriate for particular groups, such as older people, those who have no computer access, and for people 'who are not computer savvy'.

Question 17: Would the support of kaiawhina be helpful to advocate for you to help you navigate the health system when attending an appointment with a hospital specialist?

What they opposed

The majority of the 235 respondents (75%) who answered this question rejected the proposed kaiawhina navigational support service. Many gave no reason for doing so.

The most frequently mentioned reasons included:

- Support, advocacy and providing transportation to hospital and other health care services was considered the role of the family or friends role

> *... I believe the support of a family member or a close friend is better and it saves money.*
>
> *It is up to patients to take their own relative etc if required.*

- Unfamiliarity with the term kaiawhina, for example respondents noted they – 'do not speak' or 'understandte reo'

- Politically opposed towhat some saw as ‘separatism’, being ‘too PC’, another labelled it ‘patronising’

Respondents in the latter group asked ‘why it is only Māori who need kaiawhina? What about all the other residents who need support’. Some perceived the costs of providing a kaiawhina support service a waste of resources, resources they thought could be put to better use.

> *... Everybody tries to be so politically correct about everything and unbelievably employ extra people to do these roles, and the people who this service would benefit are a much smaller number than those 'PC' people realise.....and this impacts on the health care of the wider community eg: slash healthcare services to South Taranaki people but employ kaiawhina people to support a few.*

> *No need for a kaiawhina to 'navigate' when you have a local hospital staffed by local nurses. Please the save the money spent on 'navigators', 'advocates,' and 'case managers' and spend it on clinical professionals for South Taranaki.*

What they supported

Respondents who supported the provision of kaiawhina services saw the service’s value in terms of it being a useful ‘based on need’ service model.

> *Any support is good support. A lot of people aren’t fortunate enough to have family or friends that can explain plainly to an indivdual the process or results of their health care.*

> *Would be a good idea for many people - medical language can be difficult to understand but especially in a situation where the patient is very ill or elderly.etc.*

> *At least with an advocate you can "pester" the doctor to get sufficient answersand info.*

Others who favoured the service concept indicated they would use it ‘if the service was affordable’, or if they needed an advocate.

Other questions raised by supportive respondents about the service model included:

- Are there sufficient numbers of them [kaiawhina] to provide the support required?
- What qualifications do kaiawhina require to carry out this support role?
- Is it available to everyone?

Respondents considered likely to need this kind of service included Māori, older people, and other vulnerable groups.

Question18: Are there any other issues about referral to hospital that we need to consider?

Overall, 143 respondents outlined hospital referral issues they wanted considered. These issues were quite disparate, suggesting no particularly theme or pattern. Other comments appeared unrelated to the topic. The main issues from the remaining comments included:

- Maintain/ increase current hospital bed numbers at Hawera Hospital to meet local needs and demand

The possibility that Hawera Hospital could be downgraded and hospital beds reduced was the issue of most concern to the respondents who provided comment. Some saw a need to:

> *Having enough beds in South Taranaki to meet the demand so people can be treated in Hawera Hospital not have to go to N/Plymouth.*

The need to have enough beds in the Hawera Hospital so people can be treated here instead of having to travel to New Plymouth.

Specialist referral concerns

Those who identified specialist appointment timing issues identified the following concerns:

- the lengthy waiting times to see specialists following a GP referral and subsequent lack of acknowledgement at that end of the process to inform patients as to whether these referrals have been received and if so when they are likely to be happen.

Waiting times for specialist appointments are too long - up to 6 months is long enough for most conditions to become far more serious than they would have been if seen and treated promptly. More front line staff and less bureaucrats making paper work and rules would be great.

There is a significant lack of communication in the referral process. Its hard to know where you are at in the system and what is happening and when, to the extent sometimes you wonder if your referal has been received or after a test when you will get a follow-up appointment etc.

Patients should be regularly contacted i.e their appointments, specially long term ones.

It was suggested email could be used to inform patients their referral has been dispatched and received.

The failure of Base Hospital's booking office to better consider the timing of specialist appointment times for people having to travel there from South Taranaki, including those who use the shuttle bus was an issue for some.

Efficencies and timing especially if South Taranaki people have to go to New Plymouth - older people find it difficult to be in New Plymouth at 7.30am and then wait half the day for an appointment

Stop making outpatient appointments etc at New Plymouth at such inconvient times for those traveling any distance.

Others criticised the timing of Base Hospital's booking office's pre-admission appointments for South Taranaki patients. They saw no reason why these could not all be booked to fall on the same day.

Essential the pre-operation appointments e.g. anaesthetist appointment, surgeon appointment, x-rays & blood tests are all on the same day.

If we have to travel to NP please make all the appointments on the same day!

It was suggested the Base Hospital's booking office should get their 'administration side sorted' – 'this is where the DHB's focus should be'.

A small group of respondents, mainly from Patea, queried why hospital referrals for patients who live in close proximity to Whānganui Hospital could not be referred there rather than to Taranaki Base Hospital.

Question 19: Have you had an issue in the past getting to an appointment in Hawera or New Plymouth?

There were 313 responses to this question. Very few respondents interpreted this question correctly. The question was about **getting <u>to</u> an** appointment, whereas most read it as about

getting an appointment, a subject captured in earlier questions. The following discussion has focused on the actual intent of the question. Too a large degree these latter responses reiterated information provided in earlier questions.

- too early timing of appointments

The 'inconsiderate' scheduling of appointments was one of the key themes evident in the responses to this question. The main issue being the scheduling of very early appointments for patients who have to travel considerable distances to get to appointments at Taranaki Base Hospital, whether this be by shuttle bus or by way of their own transport. The following quotes encapsulate some of the concerns South Taranaki people have had with getting to early appointments:

> *Where you live is often not considered when sent specialist appointments.It surely is not difficult to see where the patient is living, and if in South Taranaki, assess the most appropriate appointment location. One week I had three different appointment cards arrive for the same thing, one for Hawera and two for NP. talk about confusing.*

> *[a] very early morning ultra sound appontment was challenging as we are farming. We had our own transport.*

> *Early appointments for baby that [took] no account of 1 hours travelling time or milking time for dairy farmers.*

- high travel costs to and from Base Hospital

The high cost of travel to New Plymouth for appointments at Base Hospital was another major concern to respondents. Costs include those for petrol, the need to take time off work, and to cover accommodation costs should there be a need to stay overnight, for example one respondent who had been obliged to stay in New Plymouth overnight because the shuttle bus he had used to get there had already departed.

> *...Travel to New Plymouth. Hour each way & about $100.00 worth of travel costs.*

Many respondents expressed frustration about the time it takes to get to New Plymouth, the frequently long waiting times to see the doctor/specialist, followed by exceedingly short consultation times that reportedly ranged between one to 10 minutes long.

> *I needed an urgent ultrasound. The appointment was phoned through at 9am, the bus leaves at 8.15, and I had to be n N.P by 11.11. We changed our plans for the day & drove up for a 10 minute appointment.*

- shuttle bus issues

Some respondents who reported not having their own transport, to get to appointments, appeared unaware of the availability of the free shuttle bus service. Another reported having wanted to use the shuttle service at one time, but had not been able to find any information about it. Two Patea residents were reputedly given the wrong information about the shuttle bus' departure times and arrived too late for their appointments at Taranaki Base Hospital. The shuttle bus was commended by one grateful respondent:

> *I think the bus is a big help for appointments in New Plymouth & am grateful for this service.*

Other lesser mentioned response categories involving getting to appointments included:

- Difficulties in finding parks at Taranaki Base hospital, including the outpatients' parking spaces

- Pre-admission appointments scheduled on different days. Many respondents questioned why these could not be scheduled on the same day?
- A call for Base Hospital's booking office administrators to pay more attention to better matching the timing of appointments for South Taranaki patients to the shuttle bus's timetable
- Waiting to get into see a specialist at Base Hospital can reportedly be very long process – up to '4 hours for a 10 minute appointment'
- Some respondents living in Patea and Waverley 'had no problems' getting to appointments because the towns GP/shave in the past referred them to Whanganui Hospital rather than to Base Hospital because its closer
- When appointments were booked in Hawera there were reportedly 'no problems' with the timing of appointments
- No problem getting to appointments, however, some reported having had to leave prior to seeing the specialist because they would have missed the shuttle bus' departure.

Some respondents offered the following suggestions they considered could lessen the travel to appointment difficulties they and others had experienced in the past.

> *A more centralised booking arrangement needs to happen so that appointments with different depts in the hospital can be set (e.g. Eye Clinic PM Orthopaedics am) on the same day. Would cut travelling time to Base hospital for more than one appointment.*
>
> *South Taranaki patients seem to always get the earliest appointments yet we have to travel 1 hour. Mid to later appointments more sensible.*

Several respondents reported having had no difficulties in getting to appointments, primarily because they used their own vehicles to get to New Plymouth.

Question 20: Do you use the hospital bus to travel to Taranaki Base Hospital? If so, please add comments on how convenient it is for you.

Seventy two (or 23%) of the 315 respondents used the hospital bus to travel to Taranaki Base Hospital.

What they supported

A minority of bus users supported some aspects of the hospital bus service. For example:

> *... the drivers are always helpful.*

What they oposed

The majority of bus users rejected the current hospital bus service as not convenient. This was primarily because the bus timetable did not fit around the scheduling of appointments. To quote one respondent:

> *... It is not run for the convenience of the Hawera people. It returns too early and we are often still at our appointments [when the bus makes the return trip].*

Some thought this could be remedied through better coordination of the scheduling of appointments by Taranaki Base Hospital around the bus timetable. For example:

> *Very convenient if your appointment coincides with bus times. The times for country & Hawera, Patea, Opunake, and Stratford people need to fit in with bus times.*

Of the 243 respondents who did not use the bus, about one quarter went on to give a reason (or reasons) as to why they or people they knew didn't. Reasons included:

- the limited timetable

  ...By the time they get to the bus, travel to NP and back, they have used a day. This is a very inefficient use of time, especially when they are from the workforce.

- patients being too physically disabled or frail to take the bus

  ... Making elderly parents wait and catch a bus service by themselves after having seen [an] oncologist and cardiologist is just not an option ...

- the bus route

  The hospital bus doesn't cover the coast ie Opunake, Rahotu, Oakura etc. How do coastal people get to hospital...?

- the difficulty of managing children around the bus timetable
- no door to door pick up and return.

Two respondents suggested integrating the DHB bus service with regional council bus services. For example:

Why does the DHB bus not integrate with regional council services to provide a link from South to North?

Question 21: If transport was available more frequently throughout the day would this be more convenient?

What they supported

One hundred and seventy (or 64%) respondents supported the notion that a more frequent hospital bus service would be more convenient.

Commenters thought the elderly would be the group most likely to benefit from a more frequent service. For example:

More people would use this service ... Many elderly visitors and patients are nervous of driving in the city, especially the ones living in the rural areas.

Some comments were in the form of 'yes, but ...' qualifiers. For example:

For some people 'yes' this may be beneficial but what about those with health disabilities and mobility issues?

[It] has to be a better option for people who MUST go to Base hospital but an even better option would be to be treated or assessed in Hawera and not have to travel to another town at all!!

One thought the question rhetorical, commenting:

This is a stupid question – of course it [would] be!

What they opposed

Ninety seven (or 36%) rejected the notion that a more frequent bus service would better meet their needs. This group either had no transport issues, preferred to use their own transport, had issues with the bus route, or thought a more frequent service '*wasted money'* or at best offered a *'very marginal'* improvement. The latter respondent went on to write:

> *You are hedging the real issue. Transport could be reduced if services at the Hawera Hospital were upgraded, not down graded. An upgraded hospital with [a] small surgery would attract doctors and trained staff.*

Question 22: Are there any other issues about transport to hospital that we need to consider?

Just over half (55%) of respondents thought there were other issues about transport to hospital that the TDHB needed to consider. Respondents identified the following new issues (listed in decreasing order of frequency):

- The large distances to and from the base hospital at New Plymouth that impacted negatively on South Taranaki patients and visitors. One Kaponga resident commented:

  ...Hawera is 15 mins. NP is 60 mins. We need a fully functional Hawera hospital.

- Too low a level of ambulance cover in South Taranaki to take people to hospital. A Manaia resident recounted the following situation:

  > *... I attended a rugby game at Bayley Park in Hawera recently where a rugby player had broken his leg to such an extent his knee was displaced. An ambulance arrived near the site after 15 minutes, only to take off leaving the injured player on the field, as they received another call-out that was apparently more serious. ... I still do not know how long that young man was left before the ambulance came to pick him up, but I know it must have been more than 40 minutes. With Hawera Hospital less than 3 minutes away from where the injured boy lay, that is not acceptable.*

- Difficulties associated with South Taranaki patients getting home following being discharged at odd hours from Base Hospital. For example:

  If patients from South Taranaki are discharged from Base Hospital staff should ensure they have transport home. Sometimes patients are discharged at night and it is inconvenient.

- Costs of travel (own and public transport) to and from Base Hospital.
- A preference for the South Taranaki ambulance service to be based in Hawera.

Most of the remaining respondents with issues chose to re-litigate ones they had raised earlier in the questionnaire, for instance about the bus timetable, the bus route not including the coast, a need for a door-to-door service, patients being too physically disabled to take the bus, and the difficulty of managing children around long wait times. A couple of new ideas were to make the bus pushchair friendly and to liaise with WINZ to stop them giving people petrol chits.

Question 23: Would you support the provision of intermediate care (in specially funded beds in hospital level of care) in a rest home or at Hawera Hospital?

On the face of it just over half (53%) of respondents supported the provision of intermediate care in a rest home or at Hawera Hospital and just under half (47%) did not. However, when the comments were scanned it became apparent that the question wording had caused some confusion. At least a couple of respondents pointed this out. One criticised it as follows:

> *There is no "YES/NO" answer to this question!! It is badly worded.*

This question yielded one of the highest numbers of comments. Many comments were strongly expressed, with some using capital letters for emphasis (*NO WAY. IT'S CROOK.*)

What they supported

The majority of respondents' comments were in favour of the provision of intermediate care at Hawera Hospital. They thought not only was Hawera Hospital the best place for rehabilitation, but since the hospital already had the facilities why not use them.

A very small minority went along with the provision of intermediate care in a rest home setting. For example:

> *A rest home would be more like a home than a hospital, so better for people getting ready to go back home.*

What they opposed

The majority of respondents were strongly against intermediate care being provided at a rest home. They argued that:

- a rest home was not a suitable setting for a young person's recovery.

  ... A young person should not be put in a rest home. This would be demoralising for them & also for the old people.

- rest home staff did not have the skills or time to look after acutely unwell patients.

  ... I have worked in many rest homes with hospital level of care. This is different to the care delivered in a public hospital. Many nurses in rest homes don't have the medical experience, are unable to cannulate, take bloods, even deal with blocked catheters. ... Safety would be an issue ...

- rest homes were driven by profit over care.

Question 24: Would you support the provision of palliative care in specially funded beds? If so, would you prefer hospital level of care in a rest home or at Hawera Hospital?

What they supported

Sixty-two percent of respondents supported the provision of palliative care in specially funded beds. Regardless of whether they answered the question in the positive or negative, most expressed a preference for Hawera Hospital providing that care over a rest home.

Advocates of palliative care being provided in Hawera Hospital tended to mount similar arguments to advocates of intermediate care being provided there.

> *Hawera Hospital was built to be used, not have services shipped out. It should be used to full capacity, not skeleton staffed and emptied out of services.*

A small minority supported palliative care being provided in a rest home, in both Hawera Hospital and a rest home depending on what the patient wanted, or in a non- hospital setting,

> *It should happen where the best care of the patient and the whanau can be managed. Often I don't think that's the hospital.*

What they opposed

Most respondents ropposed any proposal for palliative care to be provided to patients in a rest home. One respondent recalled the following *'horrible experience.'*

> *Our terminally ill loved one was transferred to a rest home because he took 'too long to die'. He was transferred to Trinity during the day and passed away the same night. We got to experience first-hand your cost cutting measures and it was a horrible experience at an already stressful time. Both the transfer and rest home were inappropriate. Shame on you.*

They opposed palliative care being provided in a rest home on the basis that rest homes:

- are an inappropriate setting for a young terminally ill patient.

> *Mentally this would be demeaning for them and add further to an already very stressful situation.*

- do not to have proper equipment for palliative care.
- do not to have sufficient training in palliative care.
- are profit driven.

> *Rest homes are profit making agencies so therefore there will always be minimum staff numbers. You cannot even begin to compare care at Te Rangimarie or Hawera Hospital with that of a rest home.*

Question 25: Are there any other issues about admission to hospital that we need to consider?

Sixty six percent of respondents thought that there were other issues about admission to hospital that the TDHB needed to consider. Most of these went on to write of their particular concerns.

Respondents' main concerns, in decreasing order of frequency, were that:

- The current number of beds and service levels at Hawera Hospital needed to be maintained.

> *The present level of care, diagnosis and treatment should be retained at Hawera Hospital. The less stress on patients and families the better.*

- emergency care at Hawera Hospital needs to be staffed by medical officers 24/7.

These respondents were opposed to the proposed change to overnight medical cover being provided by an on-call doctor located off site. For example:

> *24 hour doctor at HH, not a part time doctor for some hours then on call.*

- patients needed to be admitted to a hospital close to family. These respondents argued patients from South Taranaki hospitalised in New Plymouth would be denied family/whānau visitor support and this would impact on the patients' recovery. For example:

  Having family/whanau support is a big factor in recovery. This will be ripped away by sending people up to New Plymouth. The increased travel costs, and time off work to visit someone in New Plymouth also needs to be factored in.

- discharge times needed to be appropriate for patients and carers. For example:

  [It's] no good being discharged in the middle of the night with no transport and no-one to come and get you to take you home. A taxi from Hawera, Wanganui or New Plymouth is too expensive.

The remaining comments related to a raft of disparate issues, including dissatisfaction with the quality of the service provided by Hawera Hospital ED, doctors being short staffed at Hawera Hospital, the ratio of nurse to office staff (with the need for more nurses), the value of the coastal emergency transport service, the need for better out of hours food availability for patients, the value of Hawera Hospital as a back-up for Taranaki Base Hospital, and the need for better communication so that patients are better prepared for possible hospital admission.

Question 26: Do you support the retention of a maternity unit at Hawera Hospital which is open at all times?

What they supported

Almost all (98%) respondents supported the retention of a 24 hour maternity service at Hawera Hospital. The general tenor of the comments was that retaining the current level of service was a *'no brainer!!'*

A Hawera woman summed it up this way:

You can't tell a baby when it's to be born. I was meant to go to New Plymouth hospital to have the birth of one of my children and when I rang the midwife she wanted to see me first. When she saw me she said: 'No way will you get up there in time.' A maternity hospital HAS TO BE OPEN at all times.

Another wrote:

... I love Hawera Maternity compared with Base Hospital. It's bliss! And I've experienced both.

What they opposed

A very small minority (2%) opposed the retention of a 24 hour maternity service at Hawera Hospital. One respondent thought a maternity service was of little value without an operating theatre as back-up. Another opposed keeping the service if it was at the cost of losing some other services.

Question 27: Do you support the retention of a visiting Hospital Specialist Obstetric service at Hawera Hospital?

What they supported

- Again, almost all (99%) respondents supported the retention of a visiting Hospital Specialist Obstetric service at Hawera Hospital.
- Some proponents wanted a full-time specialist obstetrician to be based there.

- Some proponents of retaining the current level of service were past users of the service who had found its provision locally to be very convenient.

What they opposed

Two Hawera respondents who opposed the retention of a visiting Hospital Specialist Obstetric service at Hawera Hospital wanted a greater level of access to the service locally.

Question 28: Are there any other issues about obtaining maternity services that we need to consider?

Fifty-eight percent of respondents did not think there were any other issues about obtaining maternity services that the TDHB needed to consider, while about 42 percent did.

Of those who responded in the affirmative about three quarters went on to provide a comment. Respondents' main issues, in decreasing order of frequency, were that:

- maternity services at Hawera Hospital needed to be maintained with at least the current number of beds. These respondents did not want to lose a maternity service that would mean women in labour needed to be transported to New Plymouth for the birth. One respondent thought the loss of a local maternity service would have detrimental health outcomes for South Taranaki babies.

  Support for our wonderful, experienced hospital-based midwives and GP with Obstetrics (go, Dr Blayney!!!) If we are to lose them, I presume the DHB will be tracking the rise in infant mortality in South Taranaki (not to mention the rise in costs as all babies born in Base and their mums are kicked out of hospital before their babies have latched on).

- new mothers and their babies needed adequate hospital stays.

  First time mothers are often at a loss & need time to adjust to baby. [They shouldn't] be sent home so soon without any basic training.

- more trained staff – midwives and/or specialist obstetrician – were needed in South Taranaki.

Other issues raised by one or two respondents included the desire for more female obstetricians, the need for an incubator, concern about the level of maternity services, and the issue of equality of access to maternity services compared with their North Taranaki counterparts.

Question 29: Do you support the retention of a 24 hour hospital emergency department in Hawera?

What they supported

Almost all (99%) respondents supported the retention of a 24 hour hospital emergency department in Hawera. This question provoked an outpouring of comments from over half of supporters.

The most common reasons supporters gave for the retention of a 24 hour hospital emergency department in Hawera were (in decreasing order):

- the presence of large potentially hazardous industrial sites (such as Fonterra and Kapuni) and the truck traffic associated with them.

Lots of large industries are in Sth Taranaki. ... Accidents like the spill in Fonterra last week could have been very serious...

- the large farming community with its associated higher accident risk.

... Many people living in the countryside around Hawera might already have a long drive even to get to Hawera.

- the ability of people experiencing an unexpected health event (such as a heart attack, stroke, severe asthma) to access emergency care within the 'golden' hour.
- the size of the population (26,500 at the 2006 population census) within a large catchment area.
- the higher risk profile of older people.
- the high levels of engagement in sports and the injuries incurred.
- the possibility of a natural disaster.

The geography of Taranaki means the province can be land isolated. It is essential that there be two or more viable hospitals to cope with catastrophic events such as the Christchurch earthquake.

What they opposed

A large group used the 'comment' box to voice their objection to the proposed change to the overnight medical cover being provided by an on-call doctor located off site. Some thought it would result in delays in response and unnecessary deaths. Following are three illustrative quotes:

... We have an excellent model at the moment. Changing it to an on call off site doctor after hours will result in unnecessary deaths. ... This could result in delays of 30 minutes minimum to an hour or more. This is unacceptable. ... Any change will result in deaths.

Hawera ED is a vital part of the community. It needs a 24 hour Dr ON SITE. Waking a doctor from his sleep to come into a status 1 or 2 patient is not good enough. This will result in many deaths.

[Hawera ED] needs to have an experienced doctor on site 24/7. Ringing a doctor at home will add to the delays in being examined. The ED department is so busy anyway that the doctor will be kept busy on site and it would be pointless staying home anyway. Also doctors do not like to be dragged out of bed in the middle of the night, particularly if they have been at work the day before or after. This will make the job even less enjoyable and make it even harder to attract quality doctors to Hawera.

Question 30: Do you support focusing the Emergency Department on delivery of emergency care?

What they supported

In response to the yes/no question almost all (95%) respondents supported focusing the Emergency Department on delivery of emergency care.

While respondents' accompanying comments favoured focusing ED on delivery of emergency care, they were more accommodating of the notion of people using ED for non-emergencies, given the shortage of GPs. A commonly held view was that focusing the ED on delivery of emergency care could not be achieved until South Taranaki people's access to primary care services had been improved. This was a constant refrain. For example:

But you must first sort out primary healthcare. People go [to ED] with things a GP should see because they can't get into their GP or are told by the [GP] receptionist to go to A & E.

If we had proper access to GPs at Southcare people wouldn't turn up at ED with minor ailments. Isn't that something the DHB says it's going to improve? Access to primary care?

A couple of respondents supporting a sharper focusing by the ED on delivery of emergency care thought it would require competent doctors on site at the ED able to make the call to refer some people back to their GP. One mentioned that the ability of nurses to triage patients away from ED is against their scope of practice.

Some other commenters interpreted the question as rhetorical while some others interpreted it the same as the one immediately preceding it ('Do you support the retention of a 24 hour hospital emergency department in Hawera?') and provided comments simply in support of retaining Hawera Hospital's ED services.

What they opposed

A very small minority (5%) rejected the notion of focusing the Emergency Department on emergency care.

Some thought this could not be achieved any way since it was patients and/or their carers who made the call when to access the ED.

The Emergency department is there to help people who perceive their problem as an EMERGENCY. Patients don't know if their problem is an emergency unless or until they seek help.

A couple of respondents expressed concern that if the ED set a threshold for patients wanting to access emergency care this could have dire consequences. For example:

As a mother it is often very scary to be confronted with a sick child in the middle of the night. I have a policy of seeking help as it is better to be safe than sorry. I have an epileptic child. It is a very scary situation to be in when your child is having a seizure. Sometimes it passes but what if the 1 time I don't seek help is the 1 time it doesn't pass? Emergency care shouldn't be graded - it should be available to all.

Question 31: Do you support the delivery of an after-hours service at Hawera Hospital for patients who would otherwise have no (to?)travel to New Plymouth or Whānganui?

A few respondents commented that the wording of this question was confusing. It was apparent some other respondents had also been unclear as to its meaning. Indeed, it should have read 'Do you support the delivery of an after-hours service at Hawera Hospital for patients who would otherwise have to travel to New Plymouth or Whānganui?

What they supported

Almost all (97%) respondents supported the delivery of an after-hours service at Hawera Hospital for patients who would otherwise have to travel to New Plymouth or Whānganui. One Patea respondent explained the value of having access to an ED/urgent after-hours service based nearby this way:

In the 14 years we have been looking after my mother there have been times when she is 'generally unwell' and I have taken her to ED in Hawera even though she has no obvious clinical symptoms. Some of those times it has turned out she was very sick indeed and it's good we had not waited any longer. If it's 9pm on a weeknight and I'm unsure it's 15 minutes to Hawera and the staff know us and

know I am not panicking. If I have to drive 45 minutes and then deal with staff who don't know us, am I always going to make the right decision about whether to go or not?

The reasons respondents supported an after-hours service at Hawera Hospital included:

- the distances South Taranaki people would otherwise need to travel to access after hours care.

  Travelling an hour to hospital in Wanganui or New Plymouth is unacceptable!!

- high petrol costs associated with the distances needing to be travelled.
- the poor road conditions on the Hawera-New Plymouth highway.

  Haveyou ever travelled 60 -70 mins at least on dark blackened roads in the middle of the night when you have a superb facility in your township? Go figure.

- equity of access to after hours care compared with people living elsewhere within the TDHB boundaries.

  New Plymouth [residents] have this available to them at Base Hospital. Why shouldn't we South Taranaki residents?

One-off comments included the suggestion of explicitly scheduling night appointments for urgent primary care patients who are unable to get an appointment with their GP during the day or who are shiftworkers, the difficulty of attracting GPs to provide after hours care, and the belief that cost cutting should start with admin.

What they opposed

A very small minority (3%) opposed the delivery of an after hours service at Hawera Hospital. Their comments primarily related to a desire to retain the status quo.

Question 32: Are there any other issues about emergency care that we need to consider?

About 83 percent of respondents thought there were other issues about emergency care that the TDHB needed to consider and about 17 percent did not. Most respondents who answered in the affirmative went on to provide a comment.

Most respondents used the 'comment' area to:

- make a plea to retain the status quo on the basis that the ability to get a rapid response to a health event could be critical; or
- rehearse objections raised earlier to the proposed change to overnight medical cover being provided by an on-call doctor located off site.

In addition, at least a couple of commenters raised other concerns about the proposals such as:

- the proposal for four short stay beds at Hawera Hospital being insufficient to meet demand.
- the acceptance of the change proposals to hospital staff (doctors and nurses) and GPs in South Taranaki. Some mounted the argument that if the change proposals were unattractive to health professionals in the region they would risk losing them and the entire region would suffer. To quote one respondent:

... Are the current Drs happy to be on call from home? Are nurses happy to be left, possibly with a very ill patient for the 15 minutes a Dr will take to get there? If medical staff are happy about this, why am I hearing rumours that several are applying for jobs elsewhere - even Australia. This whole proposal will be a total disaster if we lose all our Drs & nurses. If they aren't happy, they won't stay & it will be very difficult to attract replacements. The whole South Taranaki community will suffer.

- the need for better resourcing of ambulances/ambulance staff.

A couple of commenters suggested ways of addressing TDHB financial shortfalls: embark on a fundraising appeal, or charge patients for use of the ED as an after hours service.

Question 33: Which parts of the proposal do you support and why?

There were 220 responses to this question. Not all responses were supportive of any parts of the proposal and some others did not relate directly to it.

What they supported

In summary, respondents supported (in order of decreasing frequency, with at least three respondents supporting each):

- maintaining or improving current service levels at Hawera Hospital. For example:

  I support keeping the Hawera Hospital open and ensuring there is [an] appropriate level of medical staff available. Hawera has fought hard to maintain the hospital and to keep South Taranaki vibrant and encouraging to new and existing residents. The hospital is a key point.

- increasing the focus on preventive care and/or expanding community services.

  An emphasis on wellness promotion. Less 'bottom of the cliff' treatment.

- enhancing GPs'ability to refer patients directly for a greater number of diagnostic tests.

  GPs will be able to refer patients directly for urgent ultrasound, CT and MRI according to agreed protocols – Great.

- retaining emergency care services, with some also supporting a sharper focus on emergency care by the ED. For example:

  Retaining an emergency department ... Finding a better process to ensure that only important cases are seen at ED ...

  Retaining maternity services at Hawera Hospital.

  I support keeping Maternity open at all times. Keep our mothers and babies safe.

- any proposals that supported improving access to primary health care services.

  Improve our access to primary care BEFORE you attempt to alter anything else. WHY hasn't our primary care been a priority before?

- better linked primary and secondary health care services.

  Integrated healthcare, shared offices & record services & links to prevent repeat visits ...

- enabling people access to medicines at Hawera Hospital when community pharmacists are closed.

Pharmacy emergency medicines more readily available.

- enabling cancer patients access to IV chemotherapy at Hawera Hospital.

Services like chemotherapy and tests being done in Hawera. Saves time and stress on patient.

Some others used the space to write of what they perceived to be the TDHB's hidden agenda which was to downgrade services at Hawera Hospital and possibly close it. For example:

Most of theTDHB proposal is a way of reducing services to the South Taranaki Residents and then you will close our hospital altogether in under a year of these changes. Therefore I don't support any.

A new suggestion was for visitors to be permitted to travel on the hospital bus.

Question 34: Which part of the proposal do you not support and why?

Responses to this question numbered 247.

What they opposed

About one quarter of respondents rejected the proposal outright, reasoning that it amounted to a reduction in existing services. For example:

I don't support any part of this proposal. Cutting services is terrible.

FUNDING & SERVICE CUTS – WE CAN'T AFFORD ANY MORE CUTS.

For the remainder, two parts of the proposal came in for the most criticism in about equal measure. These were:

- proposed reductions in the number of inpatient beds at Hawera Hospital; and
- proposed changes to overnight medical coverage in ED.[1]

Respondents opposed proposed reductions in inpatient beds on the basis that fewer beds did not adequately reflect the region's need, that it would cost lives, and that it would make it hard to attract doctors and this would ultimately result in downgrading or closure of the hospital.

Five broadly representative quotes opposing proposed reductions in inpatient beds are:

4 assessment beds, 4 intermediate beds, 4 maternity beds, 2 palliative care beds for a population of 30,000 including many industries. [That's] inadequate provision.

Four short stay beds. This is nonsense. We have used Hawera ED & IP a lot in the last 14 years and there is no way 4 beds is enough. Some daysthe place is jam packed. ...

[I do not support] reducing in-patient beds. They are already full the majority of the time.

... [I do not support] having fewer beds in the hospital as this would cost people their lives!

Downsizing of bed numbers etc [makes it] hard to attract doctors & then the bureaucrats say without the facilities they cannot keep up their levels of competency.

1 A respondent could object to one or more parts of the proposal and many respondents objected to both of these parts.

Respondents opposed proposed changes to overnight medical coverage in ED by an off-site doctor on the basis that this was just not acceptable, that it needed to be 'manned' at all times by a doctor trained in emergency treatment, that it effectively meant that there would be only one doctor available between 10pm and 8am to serve the entire region, and that the large industry presence increased the need for ED at any time of the day or night.

Five illustrative quotes opposing proposed changes to overnight medical coverage in ED are:

Doctor on call between 10pm -8am is NOT acceptable. A&E shoud have a doctor on site 24/7.

[I oppose] anything that results in less than 24/7 emergency care availabilty by an on site (Hawera Hospital) DOCTOR who has emergency training. [I oppose] anything that makes sourcing more GPs for Hawera even more difficult eg expecting local GPs to provide emergency cover at Hawera. ... lack of back-up from a colleague such as a doctor trained in emergency treatment.

Doctor on call but not on site [at ED].

HAVING ONLY ONE DOCTOR [AVAILABLE] FOR 12 HOURS.

[I oppose the] proposal for ED ... This is [a] very unique industrial province. This has to be taken into consideration. The ED dept is pivotal to the community's health & well being....

Opposition to the use of rest homes for palliative care ranked third. Responses opposing the use of rest homes for palliative care numbered about half those opposing proposed reductions in inpatient bed numbers or proposed changes to overnight medical coverage in ED.

Respondents opposed the proposed use of rest homes for palliative care on the basis that rest homes were not an appropriate setting for some terminally ill people, that a rest home was an unsafe environment for palliative care with staff not competent to care for terminally ill people, and that the proposal was not in line with the Code of Health and Disability Services.

Three representative quotes opposing the use of rest homes for palliative care are:

Rest homes are not appropriate for the younger terminally ill person who cannot die at home and rest home staff are not sufficiently trained in palliative care.

... It is not SAFE practice. The doctor cannot monitor the whole picture. Resthomes do the job cheaper but the clients suffer as a result. ... Rest homes do not provide anything more than minimal care ... It is an unsafe environment for palliative care even though it already happens in rest homes...

[I oppose] putting anyone other than rest-home patients in rest homes. Patients (especially palliative & intermediate care patients) need appropriate care in line with the Code of Health & Disability Services.

Five respondents did not support the use of text messaging and emails for contact with their GPs on the basis that such communication was impersonal, might not be safe or appropriate. For example:

The virtual care proposal?? What is it?? What do you actually mean by virtual care? I personally like face to face contact with my doctor. How is virtual care going to take my vital stats or stitch my wounds or xray my broken leg????

Question 35: Is there anything else about our proposal you would like us to consider?

Responses to this question numbered 228.

A common theme raised by respondents was to do with equity of access to health care for South Taranaki people compared with people living elsewhere within the TDHB boundaries. Respondents thought the proposal would lead to inequities for South Taranaki people.

> *... The proposal suggests South Taranaki people do NOT deserve the health care that NP people are entitled to.*
>
> *Let's face it. Everyone is entitled to a good health system, not just those who live within 0.5 hour of New Plymouth Hospital.*

These respondents wanted factors such as the presence of large industries, the current and/or projected population growth, the ageing population, the further advancement of the South Taranaki region, the costs of travel to New Plymouth Base Hospital for patients and visitors, and the potential cost to lives taken into account in the decision-making about the future of the Hawera Hospital.

Another related theme respondents wrote about was their perception that South Taranaki people were being unfairly targeted to making savings for the TDHB.

> *.. Do we in South Taranaki have to bear the brunt of this minimal saving? Totally unfair!*
>
> *I would like to know what cost cutting you are doing at the Base Hospital, what health services are the North Taranaki people going without ...?*

Others commented on the small size of the estimated savings. They unfavourably compared estimated savings to the total TDHB budget, the costs of upgrading the Base Hospital at New Plymouth, the cost of implementing the change proposal (the effects of which they thought would be irrevocable), the cost of return trips to New Plymouth, and the potential cost to lives. For example:

> *The overall cost reduction of $1.1 million is chicken feed ...*
>
> *The amount of money that is supposed to be saved by the changes proposed seems pathetic in the bigger picture of Taranaki as a whole.*
>
> *In light of the 50 odd million dollar upgrade of the NP Base Hospital ... is that so urgent ?*
>
> *The savings of approx $30 per person is not worth the disruption to South Taranaki health services.*
>
> *If this proposal goes ahead, it would be difficult if not impossible to reinstate health services.*
>
> *Visiting patients in NP is very tiring, expensive, and time consuming with 1 hour's drive alone each way.*
>
> *How many extra deaths are you prepared to accept to save $1.1 million?*

None of the respondents was against reducing inefficiencies and making savings per se. For example:

... I am not a health professional but know that in the business I work in and in other past companies there is always a drive to improve efficiencies. But it is about providing the same service or product faster, smarter, and yes, cheaper but not [at the expense of] a reduction in quality of care.

The Base Hospital needs to seriously look at their inefficiencies. I challenge the management to implement the principle of 'Lean Manufacturing' to every sector of the hospital, especially the area of office and management. I am sure you will save vastly more that the $1.8 million you are plundering out of the South Taranaki people's health care.

A few respondents suggested savings be made by reducing administrative costs at Taranaki Base Hospital.

There are far too many people pushing paper and too few on the floor.

What is being done at NP Base to remedy the cost of top-heavy administration & management staffing?? 300 plus highly paid managers is ridiculous!!

One respondent thought savings could be made by avoiding double handling of Hawera ED patients who get transferred to Taranaki Base Hospital.

... Hawera ED patients who are transferred after a full assessment and appropriate resting at Hawera still have to go through NP ED before transfer to the appropriate ward, thereby inflating numbers (in NP ED) and adding costs through "double handling." This is also poor resource utilisation ...

Another thought you could actually save money by improving health care services.

One respondent suggested Hawera Hospital had a promising future as a 'One Stop Training Shop' for health professionals in a rural setting.

Aside from issues directly related to money, respondents raised several other disparate issues including the shortage of GPs in South Taranaki, the possibility of reinstatement of meals on wheels in Waverley, the need for a dedicated health care centre in Opunake, pre-op assessments in Hawera rather than NP, any plans for paediatric services, and the poor quality of the consultation questionnaire.

General issues raised by respondents specific to their rural location

The following issues were raised by or on behalf of people living in some of the more rural parts of South Taranaki:

- There is a need for rurally isolated people in the South to be able to access emergency care quickly if they are experiencing a major health event. Some Patea respondents mentioned they or someone they knew would have died but for being able to access emergency care immediately on arrival at Hawera Hospital. There was an expectation that lives would be lost if emergency services at Hawera Hospital were downgraded.

Everything is planned to deprive us yet again, ie Patea hospital all over again. (Patea resident)

- The solution to inappropriate use of ED for minor ailments was thought to lie in improving people's access to primary care but people in some parts of South Taranaki, such as Opunake, were having particular difficulty getting GP appointments.

Opunake seriously needs a dedicated health care centre. (Opunake resident)

- The bus service to Taranaki Base Hospital in New Plymouth is reputedly not serving people living in Oakura, Opunake, Patea, Rahotu, Waitotara and Waverley. In some other areas on the bus route, such as Eltham, there is no taxi service to transport people to the bus service's pick-up point. This prevents them from using the bus.
- One Patea respondent reported having missed the shuttle bus because the bus time schedule was said to be incorrect. Another reported having wanted to use the shuttle service but was unable to track down any information about the service's arrival and departure times.
- People living in Patea and Waverley are much closer to Whanganui Hospital than Taranaki Base Hospital at New Plymouth and wanted to be given the option of which hospital they can to access.
- Some Manaia people noted the town hasneither a local pharmacy nor a local GP. Access to emergency pharmaceuticals presents a particular problem for those without transport and low income people. Several Opunake residents suggested the town requires a fulltime pharmacy rather than the limitedhours the local pharmacy currently provides. The proposal to improve access to emergency medicines was supported by some living in some of the more rurally isiolated communities e.g Patea.
- Poor cell phone coverage and lack of access to computers among some Kaponga, Manaia, Ohawae and Opunake residents was a commonly cited reason for their seeing verylittle to no value in either the proposed email or text general practice contact and consultation options.

5. Public and other community meetings: Key themes

Introduction

During July and early August 2011 South Taranaki people had the opportunity to provide face-to-face feedback on the proposals for changes to health service provision at nine public meetings and seven community meetings.

Over 3,000 people attended one of the public meetings with Iwi at the Ngati Ruanui Tahua building and with residents of Eltham, Hawera (two meetings), Kaponga, Manaia, Opunake, Patea and Waverley at a local venue. Over 120 people attended one of the community meetings with staff and/or other interested people at the Hospice, Normanby Playcentre, Salvation Army, South & Central Social Services, South Taranaki District Council, Westmount School and the Youth Supporters Network. Tables 2 and 3 below show the actual numbers of participants who attended each of the various meetings.

Table 2: Public meetings by participant numbers

Public meetings	number
Eltham	49
Hawera 1pm	1600
Hawera 7pm	900
Hui-a-Iwi	64
Kaponga	44
Manaia	107
Opunake	47
Patea	150
Waverley	103
Total	**3,064**

Source: PF&PH Project Team

Table 3: Community meetings by participant numbers

Community meetings	number
Hospice	5
Normanby Playcentre	3
Salvation army	21
South & Central Social Services	12
STDC Councillors & Managers	19
Westmount School	55
Youth Supporters network	7
Total	**122**

Source: PF&PH Project Team

Following a *Microsoft PowerPoint* presentation by a TDHB General Manager of PF&PH about the proposed changes, people attending the public and community meetings were given the opportunity to ask questions. The ordering of their questions did not follow any particular pattern.

The analysis that follows has been carried out at a meeting level. It was not possible from the meeting notes to get a sense of the level of support among attendees at a meeting for a particular question being asked, nor to gauge the strength with which an attendee asked a particular question. Participants' questions or comments tended to focus on those aspects of the proposal they least supported.

The public meetings

Proposal as a whole and the consultation process

At every public meeting at least one participant asked a question about why or how savings would be made under the proposal as a whole. They wanted to know why the savings could not be made in other areas such as administration, management or new building work at Base Hospital. They asked, for example, whether the Whānau Ora initiative would be expected to prop up the proposal.

They sought more detailed costing information, for example, of the savings made by having an overnight ED doctor being on call off site. They wanted to know whether the costs of upgrading rest homes and up-skilling staff had been factored into the calculation.

> *This proposal looks to save $1.1 million but how much will it cost to upgrade the rest homes? How much will it cost to upskill staff? A lot more I bet. (Hawera)*

The consultation process itself was a common concern, with a question related to it being posed at eight public meetings. At the Hui-a-Iwi concern was voiced that the correct Ngati Ruanui representatives had not been included in discussions about the proposal. Participants at other public meetings wanted to learn, for example, whether St Johns, high needs schools and large industries were part of the consultation process.

A participant at least one of the public meetings asked how the submissions would be handled, when the Board decision would be made known, and whether they would see the final proposal before its implementation.

Emergency care

Access to emergency care at Hawera Hospital was a common concern, with this generating at least one question from the floor at every public meeting. Of most concern was the proposal to have the overnight medical cover being provided by an off-site, on call doctor. An attendee at five of the meetings wanted to know how having the overnight ED doctor on call would impact on waiting times to see him/her.

> *You can wait over 1 hour in ED to see a doctor at present. How long away will the on call doctor be? (Eltham)*

The expanded role of nurses under the proposal prompted a question from the floor at five public meetings. For example, an attendee at the Opunake meeting wanted reassurance regarding the safety of having a nurse undertaking triage work at ED.

> *I am concerned about having a nurse diagnose me when I arrive at the emergency department. Is this a safe practice? (Opunake)*

General practice

Access to primary health care was also a common concern, with one or more questions related to this issue being raised at eight of the nine public meetings. People wanted to know what the TDHB was doing to recruit and retain GPs in South Taranaki and how the proposal helped or hindered this. Participants asked, for example:

> *South Taranaki has the second lowest number of GPs in the country. How do you propose to attract more GPs to the area? (Eltham)*
>
> *How do you plan to keep doctors in the community when you are decreasing beds? (Kaponga)*
>
> *If Te Waipuna can't get a GP for Waverley will the TDHB help? (Waverley)*

A person at the Hui-a-Iwi said that financial barriers were preventing some Māori from accessing primary health care.

> *Poverty with our people. What we see is they can't afford to go to the doctor and then purchase medicines. (Hui-a-Iwi)*

Admission to hospital

The proposed use of rest home beds for patients needing intermediate or palliative care generated a question from the floor at eight public meetings. Concerns included whether patients would pay for these beds, which rest homes would the beds be in, and whether rest homes were an appropriate setting for Māori or young patients.

> *Have you thought about the appropriateness for Māori to receive palliative/intermediate care in the rest home? Also the appropriateness for younger patients? (Patea)*
>
> *... Having these younger people in rest homes is a concern ... (Hui-a-Iwi)*

Transport to hospital

Transport difficulties were the subject of a question posed by a participant at seven of nine public meetings. Participants raised concerns about the inconvenience and costs of travel to and from the Base Hospital in New Plymouth, whether that is by public or private transport.

Problems with the hospital bus service led a participant at the Kaponga meeting to question the rationale of sending South Taranaki patients to Base Hospital in the first place.

> *You said South Taranaki has problems with transport so why do you want to send more patients to New Plymouth when their family cannot get there? (Kaponga)*

A participant at the Hui-a-Iwi expressed concern about whānau who were patients at Base Hospital losing support of their families during their hospital stay because of transport-related issues.

Some other issues

Issues of equality of access to health care were raised at five of the nine public meetings. One Manaia attendee commented:

> *We pay taxes the same as the rest of New Zealand does. We should be entitled to equality of care to the same level as that which New Plymouth residents receive. (Manaia)*

At the Hui-a-Iwi a participant made the larger point that inequalities in access to health care between Māori and non-Māori needed to be addressed to ensure Māori experience similar life expectancies on average as non-Māori.

> *We need a place at the table when decisions are made. Inequalities exist. We need to address these to ensure Māori live longer. (Hui-a-Iwi)*

Concern about adequacy of access to mental health services was raised at the Patea and Waverley meetings.

An attendee at two of the public meetings (Kaponga and Opunake) wanted to know how South Taranaki health services were placed to cope with a natural disaster.

The remainder of the questions about the proposal were specific to a particular public meeting.

Community meetings

Proposal as a whole and the consultation process

The accuracy of the costings/savings under the proposal was raised by an attendee at two of the seven community meetings. The question of how the proposal would benefit younger people was also posed by an attendee at two meetings.

The consultation process itself generated a question from the floor of four of the seven community meetings. A participant at three of the meetings asked about the timeframe for implementation of the final proposal.

Emergency care

A common concern among community meeting attendees was access to emergency care at Hawera Hospital. This topic generated at least one question or comment from the floor at six of the seven community meetings. People raised concerns about the safety of operating an ED overnight with a doctor on call but off site. They thought this might limit their access to a doctor at ED and increase waiting times there.

> *There is worry in the community about only having one doctor on call in ED overnight and whether this is a safe practice. (Salvation Army)*

Other concerns related to whether the doctor on call in ED would be qualified in emergency care (South Taranaki District Council), difficulties of resourcing of the doctor on call (South Taranaki District Council), and the apparent high use of ED by local youth (Youth Supporters Network).

Admission to hospital

The proposed use of rest home beds for patients needing intermediate or palliative care was also a common concern, prompting a question from the floor at six of the seven community meetings.

Concerns included whether rest homes were an appropriate setting for young patients (raised at three meetings), whether rest homes had the capacity to take extra patients (two meetings), and whether rest home staff were sufficiently qualified to provide intermediate and/or palliative care (two meetings).

An attendee at the hospice meeting asked how rest homes would manage patients needing blood transfusions.

General practice

GP capacity generated at least one question from the floor at five community meetings. People at three of the meetings wanted to know how the proposal assisted with the recruitment and retention of GPs in South Taranaki.

How is this proposal going to fulfil the community's shortage of GPs? (Salvation Army)

An attendee at the Westmount School meeting questioned whether GPs were actually well placed to book patients' diagnostic tests and operations, given that they were not specialists.

An attendee at the hospice meeting mentioned the difficulty of staff getting advice from a doctor after hours.

Transport to hospital

Difficulties associated with patients travelling to Base Hospital for treatment generated a question or comment from the floor at three of the community meetings. An attendee mentioned the difficulty of a patient getting home from Hawera Hospital after having been transferred back there from Base Hospital. Another mentioned what they perceived to be needless travel to and from Base Hospital just to get the 'ok' from a specialist or to answer questions they had already provided to their GP.

Some other issues

About half of the questions at each community meeting were specific to that meeting. For example, those at the Youth Supporters Network meeting were focused on how proposed changes would impact on local youth while those at the South and Central Social Services meeting wanted to learn more about proposed changes to mental health services.

6. Letters: Key themes

Summary of letters

Overall a total of 414 'letters' were received. Three quarters (75%) of these letters were generated by comments added to a 21 July 2011 *South Taranaki Star* newspaper advertisement, placed and paid for by Hawera resident and South Taranaki District Councillor Kirsty Bourke. The newspaper clippings with comments were collected and collated by the PF&PH Project Team and forwarded on to the Research Team for analysis and report writing (see Appendix 2 for a copy of the newspaper clipping). The remaining letters were hand-written, typed, or were in the form of emails.

All letters were entered into a database and the content coded. Analysis was conducted using a statistical software package *SPSSv18*.

Geographical Location

Of the 414 letters received, nearly all (93%) were received from people who lived in South Taranaki.

Table 4: Town or area where letter writers live

Town or area	number	percent
South Taranaki	**383**	**93%**
Hawera	297	72%
Patea	22	5%
Eltham	13	3%
Normanby	12	3%
Opunake	11	3%
Manaia	10	2%
Kaponga	6	1%
Waverley	4	1%
Rahotu	3	1%
Ohawe	2	0%
Te Roti	2	0%
Warea	1	0%
Elsewhere	**17**	**4%**
New Plymouth (incl Bell Block)	7	2%
Stratford	6	1%
Auckland	3	1%
Wanganui	1	0%
Unknown	**14**	**3%**
Total	**414**	**100%**

Note 1: Two mentioned they lived between Patea and Waverley.

Percentages may not add up due to rounding to whole numbers.

Source: PF&PH Project Team

Key Issues

Emergency care

Almost all (91%) of the letters supported the retention of a 24 hour hospital emergency department (ED) in Hawera to be open 24 hours per day, seven days per week, with a doctor in residence.

The key reasons given by respondents for the retention of the ED was due to presence of large industries and farming that are at the heart of the region's economy (14%), and a concern about the large distances to the nearest ED in New Plymouth or Whānganui. Nineteen percent of respondents were concerned that if the Hawera ED was disestablished lives would be lost.

Admission to hospital

Over four-fifths (85%) of respondents' comments were in favour of the provision of an inpatient ward at Hawera Hospital and strongly against such care being provided at a rest home for both palliative and intermediate care.

Overall 15 percent of the respondents strongly supported maintaining or improving the existing services offered at Hawera hospital. They felt it was an important asset to the town and the population would decline without it. Another five percent of respondents also felt that being admitted to a hospital close to home and being able to have friends and family visit was important to speed recovery. Comments were also received from respondents reminding the DHB that the community 'fought hard' for the building of the hospital, and had raised money to fund equipment. Letters also expressed concern that any reduction in services would make it difficult to attract staff to the hospital.

General practice access issues

Ten percent of respondents voiced concern around the lengthy waiting times to secure appointments with GPs. Many talked about waiting times of between 3 to 4 weeks if you wanted to see a preferred GP.

Use of electronic devices in general practice settings

There was strong opposition to the use of email or text as a substitute for face-to-face consultation by six percent of respondents. The letters voiced concerns around problems of access to cell phone (mainly due to coverage) and internet, and also the clinical safety of such a practise. There was limited support for the use of text messaging or email for getting test results.

Increased diagnostic testing availability

There was good level of support for enhancing GPs ability to refer patients directly for a greater number of diagnostic tests. Only one respondent felt that having GPs refer patients directly may lead to un-needed tests and was best left to specialists.

Perception of being unfairly targeted to make savings

About 15 percent of the letters voiced concern regarding what they saw as an inequality in the health funding in Taranaki. The respondents felt South Taranaki was being unfairly targeted to make saving for the DHB, and the proposed estimated savings were likely to be small relative to

the total budget for the DHB. Overall there was a perception that the proposal would lead to an inequity of access to health care for the people of South Taranaki.

Lack of transport

About 10 percent of the letters mentioned the issue of lack of transport. Respondents felt the travel between New Plymouth and Hawera was difficult for people that were sick and the elderly. A number of issues were highlighted such as problems with the timing of specialists' appointments at Base Hospital (4%), and limited time-table of the free hospital shuttle bus. Other transport issues included a low level of ambulance cover and a suggestion that the community buy its own transfer vehicle rather than using ambulances for non-life threatening conditions.

Alternative models

A small (about 4%) of letters received talked about other ways they felt the hospital could be run in order to save money. These ideas included:

- Have some fee paying clinics or investigate cost recovery from non-eligible patients
- Reduce the number of managers
- Bring back the operating theatre
- Look at better use of the staff in the Hawera Laboratory
- Form a community trust to run the hospital
- The Hawera Hospital manager should live in Hawera so to have a better understanding of the needs of the community.

Other suggested changes in the proposal mentioned by a minority (less than 3%) of the letters

Proposals they supported

- Offering chemotherapy
- Retaining maternity care
- Support to increase after hours care. There was a suggestion to run an Accident and Medical service next to ED
- Nurse lead clinics
- Mobile clinics
- More outpatient clinics in Hawera.

Proposals that had mixed support

- Use of video consultation in outpatients – would depend on the circumstances.
- Medicines available after hours – could put staff at risk.
- Kaiawhina – not supported if only available to Maori
- Increased focus on preventative care – GPs may not have time to do this
- Sharing patient information – need to get informed consent
- Care managers – already exist and is a duplication of services.

7. Formal submissions

A total of 20 submissions were received that did not use the supplied template. Nearly all (16 out of 20) of these submissions were from clinical staff employed by the TDHB, i.e. doctors, nurses and allied health professionals. Two were from community health trusts, and two from organisations or individuals in the primary health care sector. The remaining submission was written by Te Runanga O Ngati Ruanui Trust and represents the view of Ngati Ruanui.

Medical clinicians

A total of seven submissions were received from clinicians employed by the TDHB. These included: Hawera Hospital's current medical clinician, the Head of Medicine, the Chief Medical Officer, Heads of Departments (joint submission), Geriatricians, Credentialling Committee, and General Surgeons. The majority (5 out of 7) of the submissions stated that patients with complex medial needs which require more extensive diagnostic workup and complex treatment should be admitted directly to Taranaki Base Hospital. It was the view of submitters that all surgical, medical and elderly patients should be admitted directly to Base Hospital. It was acknowledged that Hawera hospital still had a role in the initial assessment and stabilisation of non-surgical patients, but all patients requiring surgical care should be taken directly to Base Hospital.

The submission from the Credentialling Committee also raised concern over the viability of on-going clinical supervision of doctors at Hawera Hospital and the potential risks to TDHB in relation to employing suitably qualified and experienced doctors particularly in relation to ED. Generally the submissions supported the proposal to retain the ED, but to have a doctor on call supported by the introduction of a senior ED clinical nurse specialist. One submission from the medical clinician in Hawera supported the need for an on-site doctor in ED, due to concerns about patient safety and the ability of staff to gain or maintain registration in emergency medicine. It was noted in this submission that 'on-call' hours worked by junior doctors are not allowed to be counted towards the annual tally of hours worked in ED. The latter issue would have a negative impact on gaining or maintaining registration in this speciality.

All submissions acknowledged the problems with recruitment and retention of suitably trained medical staff in Hawera hospital and the shortage of GPs in the community. It was suggested by some of the submitters that a vocational scope of Rural Medicine Specialist might be the most appropriate direction for medical staffing in Hawera. The current situation of using locum doctors with differing skill mixes and periods of employment was seen as problematic by a number of submitters.

The issue of adequate transport of patients between Hawera Hospital and Taranaki Base Hospital was also highlighted as an issue and the clinicians supported any clinics that could be held at Hawera Hospital.

Mental health clinical staff

Two submissions were received from South Taranaki mental health service's clinical staff. Both submissions gave solutions regarding the issue of poor response time from the existing mental health crisis team for mental health consumers in South Taranaki. The key solutions common to both submissions was to introduce a position of a Mental Health Liaison Nurse who could

complete mental health assessments in the Hawera Hospital ED and/ or in the hospital's inpatient ward. This solution relied on both the ED and the inpatient ward not being disestablished. One submission went into great detail of the importance of the ED in providing a safe place (for client and the key-worker) to wait for further assessment or treatment.

Senior Hawera nurses and the New Zealand Nurses' Organisation

A total of four submissions were received from nurses. The majority (3 out of 4) were from individual senior nurses who worked at Hawera Hospital and the remaining submission was from the New Zealand Nurses' Organisation (NZNO). All four submissions focused on the need to retain the ED with a doctor on-site, inpatient beds and the potential for nurse-led clinics. Two of the submissions from nurses currently working at Hawera hospital provided an alternative proposal for the current inpatient beds. The proposal suggested a reduction from 21 beds to 16 beds comprising four beds for overnight ED patients, four short stay (attached to ED), six assessment, treatment and rehabilitation beds, two palliative beds and one room dedicated for day-ward type rehabilitation, and retaining the current maternity service. These submissions noted the potential to develop more senior nursing roles such as a clinical nurse specialist role in ED, use of nurses as care managers and potential use of the nurse practitioner role. These proposals also suggested outsourcing the catering for patient meals at Hawera Hospital.

The NZNO submission did not support the proposed 'virtual core model' (i.e. a point where all services are provided from one service centre) using the private GP model as it was perceived to disadvantage those who cannot afford GP fees. The submission was strongly critical of the proposals to move intermediate care and palliative care beds to rest homes, provide after-hours pharmacy at ED due to the perceived security risk to staff working night shifts, and those areas in the proposal that were reliant on the Internet and mobile phone services.

Allied health professionals

This submission included the views of TDHB-employed dieticians, occupational therapists, physiotherapists, a therapy assistant, a social worker and a speech language therapist. The submission made three key recommendations:

1. That allied health clinicians and professional advisor/coordinators be part of the decision-making and implementation of the final model in an equal partnership with primary and secondary medical and nursing workforces.

2. That TDHB allied health resources be increased to extend the current district-wide secondary services employed allied health service to work in new models of care in the community to help patients to help themselves.

3. That rehabilitation beds at Hawera Hospital be retained as part of a new allied health-led rehabilitation model.

Other changes in the proposals that were supported by the allied health professionals included:

- the whānau ora network
- Integrated Family Health Centre to enhance the relationships with primary health staff and the residential care section. However the submission stressed that allied health staff and management should remain in a district-wide 'hub' employed by secondary services, and did not support a move to a private contracted service model.

Health promotion/community workers

Two submissions were received from TDHB health promotion staff that work with the South Taranaki community (1) New Plymouth Public Health-base health promoters and (2) the kaimahi hauora based at Hawera Hospital. Both submissions highlighted the 'high need' of the South Taranaki community due to its high rates of deprivation, smoking and unemployment. Many people in the community either cannot afford to or cannot access their GPs and consequently use ED as their 'preferred GP'. Both submissions highlighted how much the current inpatient and ED services at Hawera are valued by the community. Both submissions also supported the proposed changes enabling patients to have more transport options to get to Hawera and Taranaki Base hospitals.

One submission also highlighted the lack of access to cell phone and the Internet in Patea and Opunake. As a consequence of these access issues the submission did not support the use of email or text messaging as a substitute for face-to-face access to a GP. Both submissions made suggestions for ways local whānau could be further supported. These suggestions included:

- Extending the number of kaiawhina as advocates for whānau
- Having a WINZ worker on-site at Hawera Hospital for four hours per week
- Making funds available for whānau if they have to stay at Taranaki Base Hospital for meals and koha for the Waiora (accommodation for out-of-town families provided at Base Hospital)
- Providing nurse-led clinics.

Primary health care/ community health trusts

Two submissions were received from organisations based in the South Taranaki community with a special interest in health, one submission from a local GP, and another from the local primary health organisation (PHO).

The submission from the PHO supported the proposal of a 'virtual core' as very much congruent with the developmental direction of the PHO. The two submissions from the community health trust were unsure of how the proposal of the virtual core would work in their communities, especially due to lack of cell phone and Internet access.

Two of the three submissions acknowledged the issue of GP shortage in South Taranaki and the need to address the recruitment and retention of medical staff. Any proposals to improve GP access were welcomed.

The issue of the provision of medicines was commented on by the two health trusts. They considered this an issue that needs to be addressed, especially for residents living on the Coast. Both considered the proposal to have emergency medicines available in the ED in Hawera was not a solution for people living on the Coast and could pose security risks for staff at Hawera hospital. Both health trusts supported the proposed changes to community health services if these are well planned, managed and integrated. Both submissions did not support the use of rest home care stating that even at 'hospital level' it is a lesser level of care than being in a hospital.

One health trust strongly supported the retention of the current ED service with a doctor on site. The submission from the GP was also supportive of the current ED service and was very critical of the suggestion of using on-call GPs to staff the ED as a replacement.

Two submissions, that of the local GP and one of the health trusts, proposed alternative models of care. Both models rely on a co-ordination interface whereby patients needing community health related services are referred to a co-ordinating centre where TDHB care managers would ensure they obtain the relevant services. Details of the models are available in the submission.

Submission from Ngati Ruanui

This submission was critical of the lack of consultation with the iwi during the development of the proposal and suggested a further meeting between the TDHB and Ngati Ruanui. The submission made three recommendations to the DHB:

1. That the reduction of services at Hawera Hospital do not form any part of a proposal for the realignment of health service provision in South Taranaki;

2. That the TDHB develop new models of health service provision that add to existing services

3. That the TDHB seek additional funding from the Government based on the GDP contribution of the South Taranaki District.

Areas the proposal the Iwi supported included:

- A wellness focus, i.e. the aim to keep people well
- Shared back office functions
- Retention of existing maternity services at Hawera Hospital
- Reducing health inequalities for Māori.

Areas of the proposal the Iwi did not support included:

- The Hauora Network or 'virtual core' which was seen as fragmentation of service provision.
- Uuse of the Whānau Ora model – as the model could fall out of political favour
- Reduction of hospital beds
- Use rest home beds for intermediate and palliative care.
- Any downgrading of ED
- The use of e-consultation – kanohi-ki-te-kanohi (face-to-face) should be the primary method of consultation.

8. References

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Appendix 1: Questions and survey result tables

Question 1: Do you agree that more emphasis should be put on preventative care to keep people well?		
Answer Options	**Response Percent**	**Response Count**
Yes	85.8%	271
No	14.2%	45
Comments		187
	answered question	**316**
	skipped question	**58**

Question 2: Would you use text messaging or secure email to contact your family doctor if this was available?		
Answer Options	**Response Percent**	**Response Count**
Yes	21.2%	73
No	78.8%	271
Comments		207
	answered question	**344**
	skipped question	**30**

Question 3: Are there any other issues about contacting your family doctor that we need to consider?		
Answer Options	**Response Percent**	**Response Count**
Yes	61.7%	179
No	38.3%	111
Comments		228
	answered question	**290**
	skipped question	**84**

Question 4: Would you use phone appointments and email consultations with your family health care team if these were available?		
Answer Options	**Response Percent**	**Response Count**
Yes	33.8%	113
No	66.2%	221
Comments		205
	answered question	**334**
	skipped question	**40**

Question 5: Would the availability of appointments with Clinical Pharmacists, Physiotherapists, Occupational Therapists, Care Managers (nurses to coordinate your care) or Mobile Nurses (to visit your home) be helpful to you?		
Answer Options	**Response Percent**	**Response Count**
Yes	59.9%	184
No	40.1%	123

Comments		174
	answered question	**307**
	skipped question	**67**

Question 6: Are there any other issues about visiting your family health care team that we need to consider?

Answer Options	Response Percent	Response Count
Yes	61.6%	172
No	38.4%	107
Comments		197
	answered question	**279**
	skipped question	**95**

Question 7: Do you think it is important for GPs to be able to refer a patient directly for a CT or MRI scan?

Answer Options	Response Percent	Response Count
Yes	96.4%	325
No	3.6%	12
Comments		172
	answered question	**337**
	skipped question	**37**

Question 8: Would you like to have more tests, such as urgent ultrasounds and echocardiograms, available in South Taranaki?

Answer Options	Response Percent	Response Count
Yes	96.8%	336
No	3.2%	11
Comments		127
	answered question	**347**
	skipped question	**27**

Question 9:Are there any other issues about diagnostic tests that we need to consider?

Answer Options	Response Percent	Response Count
Yes	60.6%	140
No	39.4%	91
Comments		171
	answered question	**231**
	skipped question	**143**

Question 10: Would it be helpful if supplies of emergency medicines were available at Hawera Hospital?

Answer Options	Response Percent	Response Count
Yes	96.3%	313
No	3.7%	12
Comments		153

	answered question	**325**
	skipped question	**49**

Question11: Would it be more convenient for you to receive IV chemotherapy at Hawera Hospital?

Answer Options	Response Percent	Response Count
Yes	92.7%	291
No	7.3%	23
Comments		153
	answered question	**314**
	skipped question	**60**

Question 12: Are there any other issues about obtaining medicines that we need to consider?

Answer Options	Response Percent	Response Count
Yes	50.2%	110
No	49.8%	109
Comments		152
	answered question	**219**
	skipped question	**155**

Question 13: Do you support the introduction of Care Managers to assess and coordinate the care of people with complex health needs?

Answer Options	Response Percent	Response Count
Yes	69.5%	210
No	30.5%	92
Comments		172
	answered question	**302**
	skipped question	**72**

Question 14: Do you agree that health care professionals should share relevant information about you with other health care professionals looking after you?

Answer Options	Response Percent	Response Count
Yes	90.0%	296
No	10.0%	33
Comments		176
	answered question	**329**
	skipped question	**45**

Question 15: Are there any other issues about community health services that we need to consider?

Answer Options	Response Percent	Response Count
Yes	69.0%	147
No	31.0%	66
Comments		174

answered question	**213**
skipped question	**161**

Question 16: Would you use phone and video appointments with a hospital specialist if these were available?

Answer Options	Response Percent	Response Count
Yes	38.4%	118
No	61.6%	189
Comments		183
answered question		**307**
skipped question		**67**

Question 17: Would the support of Kaiawhina be helpful to advocate for you and help you navigate the health system when attending an appointment with a hospital specialist?

Answer Options	Response Percent	Response Count
Yes	25.1%	59
No	74.9%	176
Comments		138
answered question		**235**
skipped question		**139**

Question 18: Are there any other issues about referral to hospital that we need to consider?

Answer Options	Response Percent	Response Count
Yes	64.7%	143
No	35.3%	78
Comments		162
answered question		**221**
skipped question		**153**

Question 19: Have you had an issue in the past getting to an appointment in Hawera or New Plymouth?

Answer Options	Response Percent	Response Count
Yes	51.8%	162
No	48.2%	151
Other (please specify)		184
answered question		**313**
skipped question		**61**

Question 20: Do you use the hospital bus to travel to Taranaki Base Hospital? If so, please add comments on how convenient it is for you.

Answer Options	Response Percent	Response Count
Yes	22.9%	72
No	77.1%	243

Comments		155
	answered question	**315**
	skipped question	**59**

Question 21: If transport was available more frequently throughout the day would this be more convenient?

Answer Options	Response Percent	Response Count
Yes	63.7%	170
No	36.3%	97
Comments		121
	answered question	**267**
	skipped question	**107**

Question 22: Are there any other issues about transport to hospital that we need to consider?

Answer Options	Response Percent	Response Count
Yes	55.1%	114
No	44.9%	93
Comments		158
	answered question	**207**
	skipped question	**167**

Question 23: Intermediate care aims to help people get ready to move back to their own home. Would you support the provision of intermediate care (in specially funded beds in hospital level of care) in a rest home or at Hawera Hospital?

Answer Options	Response Percent	Response Count
Yes	53.0%	122
No	47.0%	108
Comments		259
	answered question	**230**
	skipped question	**144**

Question 24: Would you support the provision of palliative care in specially funded beds? If so, would you prefer hospital level of care in a rest home or at Hawera Hospital? (Please indicate this preference in the Comments field)

Answer Options	Response Percent	Response Count
Yes	61.8%	155
No	38.2%	96
Comments		268
	answered question	**251**
	skipped question	**123**

Question 25: Are there any other issues about admission to hospital that we need to consider?

Answer Options	Response Percent	Response Count
Yes	65.9%	141
No	34.1%	73

Comments		175
	answered question	**214**
	skipped question	**160**

Question 26: Do you support the retention of a maternity unit at Hawera Hospital which is open at all times?

Answer Options	Response Percent	Response Count
Yes	97.9%	327
No	2.1%	7
Comments		89
	answered question	**334**
	skipped question	**40**

Question 27: Do you support the retention of a visiting Hospital Specialist Obstetric service at Hawera Hospital?

Answer Options	Response Percent	Response Count
Yes	98.8%	319
No	1.2%	4
Comments		58
	answered question	**323**
	skipped question	**51**

Question 28: Are there any other issues about obtaining maternity services that we need to consider?

Answer Options	Response Percent	Response Count
Yes	42.3%	80
No	57.7%	109
Comments		115
	answered question	**189**
	skipped question	**185**

Question 29: Do you support the retention of a 24 hour hospital emergency department in Hawera?

Answer Options	Response Percent	Response Count
Yes	99.1%	317
No	0.9%	3
Comments		203
	answered question	**320**
	skipped question	**54**

Question 30: Do you support focusing the Emergency Department on delivery of emergency care?

Answer Options	Response Percent	Response Count
Yes	95.4%	288
No	4.6%	14
Comments		175

answered question	**302**
skipped question	**72**

Question 31: Do you support the delivery of an after-hours service at Hawera Hospital for patients who would otherwise have no travel to New Plymouth or Whānganui?

Answer Options	Response Percent	Response Count
Yes	96.8%	299
No	3.2%	10
Comments		132
answered question		**309**
skipped question		**65**

Question 32: Are there any other issues about emergency care that we need to consider?

Answer Options	Response Percent	Response Count
Yes	82.9%	194
No	17.1%	40
Comments		225
answered question		**234**
skipped question		**140**

Question 33: Which parts of the proposal do you support and why?

Answer Options	Response Count
	220
answered question	**220**
skipped question	**154**

Q 34: Which part of the proposal do you not support and why?

Answer Options	Response Count
	247
answered question	**247**
skipped question	**127**

Question 35: Is there anything else about our proposal you would like us to consider?

Answer Options	Response Count
	228
answered question	**228**
skipped question	**146**

Question 36: Please provide us with the following basic contact details. We need to know the town or city where you reside.

Answer Options	Response Percent	Response Count
Name:	68.6%	242
Town/City:	100.0%	353

Email Address:	37.1%	131
	answered question	**353**

Appendix 2: A copy of the draft proposal submission advertised in the *South Taranaki Star*

South Taranaki "Alive with opportunities for better health care"
Draft proposal Submission

Name: [redacted]

Town/City: [redacted]

Street Address: [redacted]

Signature: [redacted]

I believe the retention and provision of the current services at Hawera Hospital is essential for the well being of our community

We must retain:
An ***Emergency department*** open and staffed 24 hours per day 7 days per week with a doctor in residence 24/7
An ***Inpatient ward*** with the current number of beds based at Hawera Hospital along with the acceptable number of qualified nursing and medical staff for a ward of that size.

Extra Comments:

Deliver to
Any South Taranaki District Library
Or The South Taranaki District Council
Albion Street Hawera
By Wednesday 3rd August

Post to
Jackie Broughton
Planning and funding
Taranaki District Health Board
Private Bag 2016
New Plymouth 4342
By Thursday 4th August